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AMERICAN
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THE AMERICAN SYSTEM OF PUBLIC PRO-
VISION FOR THE INSANE, AND DES-
POTISM IN LUNATIC ASYLUMS.*

BY ORPHEUS EVERTS, M. D.

A recognition of the fact that insanity is the result of physical disorder, which is not subject to the control or influence of will, and therefore constitutes a condition of irresponsibility, aroused a naturally strong interest in the minds of all thinking people in the welfare of the insane. This interest culminated, within the present century, in a general movement toward a public provision for the insane as wards of the State, including not only the care and custody of the person, but also the treatment of the disease. The various States of the American Union, following closely the plans adopted by older governments, began to make such provision, each for itself, near the middle of the century,† and since have carried forward the work with

*Read before the Association of Medical Superintendents of American Institutions for the Insane, at the annual meeting in Toronto, June, 1881.

†The Pennsylvania Hospital for the Insane was founded in 1750, and opened on February 11, 1752. The Provincial Assembly, after citing that "whereas there was frequently in many parts of this province poor, distempered persons, who languish long in pain and misery under various disorders of body and mind; and being scattered abroad in different and very distant habitations can not have the benefit of regular advice, attendance, lodging, diet, and medicine but at a great expense, and therefore often suffer for want thereof, which inconveniency might be properly removed by collecting the patients into one common provincial hospital, properly disposed

increasing earnestness and activity. The provision which they have made thus far consists for the most part of one or more large hospital buildings in each State, built, officered and equipped, and wholly or in part maintained at the public expense. These buildings range in capacity all the way from three hundred to a thousand beds, with necessary room in addition for all needful officers and employés.

To these hospitals insane persons are or may be committed and admitted in conformity with specific statutes ordained for the government of the same and the protection of insane citizens. The general features of construction, organization, and management of these institutions are so similar as to constitute a "system," which consists of a "center building" for administrative purposes, and "wings" or extensions variously modified and subdivided into wards for the accommodation and classification of various grades of insane patients; and a board of trustees, or managers, appointed by the Governor, or Governor and Senate, or elected by the Legislature of the State, representing the authority of the State; a superintendent appointed by the board of managers, or by the Governor, representing the authority of the board; subordinate medical officers appointed by the board on nomination by the superintendent; and assistants of all grades, employed directly, or recommended for employment by the superintendent. The expenditure of public moneys

and appointed, where they may be comfortably subsisted and their health taken care of at a small charge, and by the blessing of God on the endeavours of skilful physicians and surgeons their diseases may be cured and removed," founded a "hospital for the reception and relief of lunatics and other ddistempered and sick poor, without partiality or preference."

In 1769, the Asylum for the Insane at Williamsburg, Virginia, was established, and in 1806, the Governors of the New York Hospital founded a branch, which was opened July 15, 1808, for the accommodation of the insane.

in the erection of these State institutions is limited in amount by legislative appropriation, being more or less ample, according to the liberality of views or general intelligence of legislative assemblies, the state of the public treasury, etc., and all expenditures for their support are under the managing officers and superintendents, who represent their respective requirements and necessities, and all under the direct sanction of law.

These institutions thus constructed and organized have for many years enjoyed a large share of public confidence, and have been looked upon by the people with a certain degree of pride and satisfaction. Public moneys were generally unhesitatingly appropriated for their construction and maintenance. Men of ability and general reputation for benevolence and integrity were selected and served as trustees or managers. To be selected and appointed medical superintendent was a professional distinction and a public honor. The recovery of a large number of insane persons at first committed to hospitals, and the improved condition of others made more comfortable by hospital treatment, magnified the reputation of hospital physicians, and exalted these institutions in popular estimation. State architecture, and State science for the benefit of the insane, did much toward redeeming their condition from its low estate, even among friends. The transfer of insane persons from local habitations, almshouses and prisons to places of such promise and repute, afforded relief and satisfaction to families and communities of untold value and acceptability. A fresh impetus was given to the study of psychology; psychiatry became an integer of medical science; cerebral physiology acquired enlarged importance. Disease of the brain and nerves assumed a leading position in the literature and practice of medicine.

With the multiplication of States and hospitals, these institutions became more and more familiar to the public eye. The number of recoveries and deaths never quite equaled the number of insane persons admitted to them. A gradual yet inevitable accumulation of the chronic and incurable class in hospital populations affected their reputation unfavorably as agencies of cure. A wonderful increase of population, natural and by immigration, produced applicants for public care and treatment more rapidly than the States could well make provision for them. Besides all this, accommodation was demanded for multitudes of variously incompetent persons, who had not previously been recognized as insane, or at least not so affected as to need hospital care. Insanity itself appeared, on a superficial glance, to increase in an undue ratio to population, and seemed to be less curable. Large and increasing appropriations to be disbursed by hospital officials did not escape the telescopic eyes of the *raptores*, the vultures and eagles of partisan politics. Aspirants for hospital positions, without especial regard to qualification or fitness of character, became more numerous and persistent, and as many of these institutions were drifted into the stream of politics, in some States, they even came to be looked upon as party spoils.

Coincident with these and other circumstances, a suspicion found lodgment in the public mind, and was cultivated by some, that the merits of these institutions never had been quite equal to their pretensions or their reputation. This suspicion, perhaps not altogether without ground, for hospitals were originally in some respects overestimated, multiplied and transformed itself, until it has become a formidable accusation, if not an organized condemnation of the whole system of public beneficence to which it pertains. To impute the

worst characteristics of human nature to those most prominently employed in the administration of hospital affairs has become to a degree fashionable. To accuse managing boards of dishonesty, and medical superintendents and subordinates of incompetency, or criminal neglect of duty and abuse of authority toward helpless "prisoners," is a common feature of public scandal. Benevolent persons who, in their zeal, do not always distinguish between feeling and judgment, and are apt to accept earnest assertion for indisputable facts, have been moved to pity and indignation by the recital of such constantly repeated accusations. Men and women of intellectual and social distinction who may have themselves (unhappily) suffered the humiliation, and possibly some errors, of hospital treatment, after apparently recovering the use of their faculties, have given tone and color of veracity to stories of ill-usage, and vigorous expression to mental concepts of hospital administration, tinged by memories and imaginations, the morbid parentage of which may be unsuspected by others or even by themselves. Born agitators and "professional reformers," who live and move upon the borderland of insanity, being native there, or revolve on their own axes—who are ever intent upon turning the world upside down, and having things done some other way, no matter what the present way may be—have appropriated all such suspicion, imputation, accusation and scandal as valuable contributions to their magazine of munitions, to be used in a general crusade against whatever appears to be established. Professed neurologists and flippant neurospasts of the medical profession, arrogating to themselves all knowledge of psychology and psychiatry, have, by sneers, innuendo, and direct assault upon the character and qualification of medical officers serving in American hospitals for

the insane, done what they could do toward the disparagement of hospital reputation. Hungry politicians of a low order, on the accession to power of a party which they had served, clamorous for "a change," have, in notable instances, unscrupulously manufactured and promulgated accusations and reports as testimony against incumbents of hospital places, calculated to disquiet and abuse the public mind respecting the management of these great charities. Foreign hospitals and their methods have been extolled and contrasted as in every respect superior to our own.

The American "system" of provision for the insane has been wordily arraigned, by some of these polemicists, who have obtained access to some of the most conservative papers and periodicals, and anathematised as an "unparalleled despotism." The American Association of Superintendents of Insane Hospitals has been denounced by the same class, and on the same kind of testimony, as "unscientific and selfish in character and purpose," "a close corporation" which has "tended to become a power as autocratic and domineering in asylum medicine and asylum politics throughout the Union, as are the authorities of each institution behind their own walls and locks."*

An association calling itself national has been gotten up ostensibly "for the protection of the insane and the prevention of insanity," but really for the purpose of concentrating and organizing hostility to present institutions and present methods, so far as they have been approved by a majority of those who have been or are at present engaged in administering them.†

* Dorman B. Eaton, *N. A. Review*, March, 1881.

† Dr. Hiram Corson, in a letter to the National Association for the Protection of the Insane, at a meeting held in Boston, says of the Association of Superintendents of American Institutions for the Insane: "Your counsel would be of infinite service in aiding our efforts to counteract the selfish,

This organization, which is not without talent and respectability, is seconded in its movements more or less by influential members of the medical and scientific press, and a miscellaneous support among the magazines and newspapers of the day. They have in some instances, under the guise of noticing the meetings of their self-constituted protection societies, crept into the editorial chair of the religious press, and there vented themselves of the most gross misrepresentations.

Such being the state of affairs at the present time, it may be well for all persons interested, officially or otherwise, in our public provision for the insane, to enquire into these matters, and ascertain, if possible, the origin and significance of these attacks. In order to do this systematically, it may be well to summarize what they all say on the subject. While those who criticise, complain and cry aloud against the American "system" of provision for the insane, do not all make the same allegations, do not all indulge the same spirit of hostility, do not all affect the same tone and temper of assertion, they do all agree in condemning present structures and present methods of administration; and assert they are unscientific and unsuccessful, always contrasting the institutions of America unfavorably with those abroad. It is said by them that American hospital buildings are too large,* too palatial, too

pernicious influence of this association. It may seem strange to you to hear me talk thus, but let me ask you what reform in the management of the insane has originated in that society? What but the invention and use of closer confinement, more means of restraint and seclusion of patients and determined resistance to the reforms urged by philanthropists who have witnessed how greatly they have ameliorated the miseries and contributed to the successful treatment of the insane?"—*Medical Record*, March 5, 1881.

* Dr. Crichton Browne, one of the English Chancery Visitors, before the Parliamentary Committee, said: "I think pauper asylums may very properly be raised to 1,000, and that they will then work more efficiently and economically. * * * I have held offices in asylums of all sizes, containing from 100 up to 1,500 beds, and I think 1,000 the most economical number

expensively constructed; disagreeably monotonous in linear extension, and offensively prison-like in aspect. That American hospitals for the insane are appropriately adapted to but one class of patients, whereas there are several quite distinct classes of insane persons requiring a corresponding variation of general hospital provision. That American hospitals for the insane are practically inaccessible to the friends and natural protectors of their inmates, because of their great size, accommodating, each, the population of so large a territory. It has not been said directly, but one might legitimately infer from the tone and manner of complaint that has been made recently, that insanity itself has been increased in activity and malignity by the construction and occupation of American hospitals.

"Palatial asylums," says Eaton,* "constructed and furnished at an expense unparalleled in the world, and consigned to the almost absolute control of asylum doctors and trustees, have utterly failed to check the disease. * * * Year by year since their com-

if you have a sufficient staff. * * * I think in an asylum for 1,000 patients, one medical superintendent can keep up adequate supervision. Of course, of the 1,000 patients, there is a very considerable portion that are chronic cases that have been going on for some time, and that do not at all times need the special supervision of the medical superintendent. He has daily brought under his notice by the subalterns, any case that requires his special attention." To the question: "In those large asylums, the personal responsibility of the chief resident there is delegated to his assistant?" Dr. Brown replied: "No; the responsibility rests entirely with him.

Q. Relatively it must be smaller, and therefore he must depend more upon his assistants? A. Yes; but he has a large staff of assistants and subordinate officers. He is the head of the different departments, and everything that goes on is brought to his knowledge, I think, even better in a smaller asylum, where he is doing much departmental work, and perhaps a great deal of drudgery.

Q. The new registered hospital in Middlesex contains 2,000 patients, does it not? A. Two thousand, and Colney Hatch contains more than 2,000."

Speaking of the Lunacy Commissioners, he says: "The Commissioners would, I think, not place it below 600 now."

* *Op. cit.*

pletion, insanity has more frequently blighted our children, more broadly stricken middle life, more irresistibly tended to become chronic, more rapidly and certainly carried its victims to the grave." (??)

But all other criticisms and complaints pale before the culminant assertion of "unparalleled despotism" as the chief characteristic of administration, inherent in the American system of hospital government. A startling assertion when considered in its "naked deformity;" overwhelming when clothed in the garments of illustration. "Let us see," says the critic, "what this American system is, by showing the theory and method of governing the Asylum at Utica!" [One is tempted to pause and enquire, Why Utica? but the digression might prove more entertaining than the main line of investigation.] "Nine trustees, a majority of whom must reside within five miles of the asylum, are to govern it. They make such by-laws and regulations as they deem expedient. They appoint the treasurer and the superintendent. They, by approval, determine the number of employés, and their salaries. They keep the only record of their own doings. They inspect their own work. They (or their subordinate, the superintendent) make all purchases. They audit their own bills. They report to the Legislature the only authorized version of their own conduct. Neither their report, nor that of their subordinate, the treasurer, is required to contain such particulars as would disclose extravagance or any other abuses. As private owners of the institution, they could not have power more absolute and irresponsible." (Power enough, and just the power one would suppose, if entrusted to nine good and intelligent citizens, to insure a most excellent administration.) "But," our critic continues, "the authority of the asylum superintendent is, if possible, more

dangerous and unchecked than that of the trustees. He is an autocrat—absolutely unique in this Republic; supreme and irresistible alike in the domain of medicine, in the domain of business, and in the domain of discipline and punishment.” (We may rest for a moment here, long enough to enquire what has become of the nine trustees, with their despotic prerogatives and powers in the presence of this one man.) But to proceed. “He” (the superintendent) “is monarch of all he surveys from the great palace to the hen-coops, from pills to muffs and hand-cuffs, from music in the parlor to confinement in the prison-rooms, from the hour he receives his prisoner to the hour when his advice restores him to liberty.” “This unparalleled despotism,” continues our indignant protestant reformer, whose vision is by no means periscopic, who sees in the inmates of an insane hospital, at least the inmates of Utica, only languishing *prisoners* pitiable yet helplessly and hopelessly appealing to a heartless monster for liberty, “this unparalleled despotism extending to all conduct, to all hours, to all food, to all medicine, to all conditions of happiness, to all connections with the outer world, to all possibilities of regaining liberty, awaits those whose commitments may be easily unjust, if not fraudulent, * * * is over prisoners the most pitiable of human beings, whose protests and prayers for relief their keepers declare, and many good people believe, no man is bound to respect.”

Behold the picture. Who does not recognize at once the great mogul of Utica, the head and front of hospital offending, closing the portals of his palatial prison house, as secure as Chillon, upon six hundred and odd of the most pitiable of human beings, “prisoners” and victims, shutting out all intrusion, trustees, commissioners, friends of the unfortunate, the great Empire State

itself, and there gloating over the anguish of the unhappy, and revelling in the enjoyment of his "unparalleled despotism?" What wonder that Utica has come to be regarded by certain valiant knights as the castle of an enchanter, whose dread power can only be dissipated by tearing down its walls? The artist may deny that this picture so accurately drawn, so boldly modeled, so strongly lighted, so broadly treated, so skillfully handled, so harmonious in tone, so deep and yet transparent in color, so judiciously subordinated, so perfect in action and so truthful in expression, was intended for Dr. Gray! It is among the privileges of art, if not the duty of an artist, to paint the possibilities of which a given combination of features is capable, and bring out hidden meanings which may lie beneath the superficial appearances of any subject. And the picture thus presented may have been really intended by the reforming artist to portray the features and character of each and every superintendent of an American hospital for the insane, however difficult it might be for other than an artist whose ideal perceptions are not always, or necessarily, embarrassed with material facts, to recognize the likeness. In all due charitableness let us so accept it, and not for a moment entertain the suspicion that any individual, or association of patriots and philanthropists, would commit the folly of assailing the whole line of active force now engaged in administering the public charities of the United States in the interest of the insane, for the sake of covering an assault upon, to them, the gorgon-faced "dread Hecate," who presides over the gloomy and mysterious castle-keeps of Utica!

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responsibility of the American Association of Superintendents for all the defects and errors of the American system, and their perpetuation. "A system," pronounced as "vicious and defective for the care of lunatics—which excludes light and wisdom from without, and breeds and screens abuses within." A system, "compared with which the lunacy administration of European States is more economical, more humane, more effective for good." A system which, "ably and adroitly managed, has lulled and misled public opinion; shutting out light by arbitrary methods, defying exposure and change by the exercise of a despotic authority which ought never to have been conferred upon the managers of asylums." [Eaton.] Yes, that association, organized a generation since by thirteen as noble, conscientious, self-sacrificing and intelligent physicians as have ever ornamented the profession and humanity in this country; that association, without the embarrassment of a constitution or by-law, a rule of order, or a binding tenet, composed of men who have sought it voluntarily, for their own edification and profit, and the enjoyment of that perfect freedom of individual opinion and expression on every possible subject of interest which has ever characterized its discussions; that association is now accused of having corrupted public sentiment, perverted public opinion, lulled public apprehension, hocus-pocused public legislation, "crystallized hospital despotism," and become itself a "crystallization of old methods and abuses," and "an obstacle to reform!" "It is not strictly a scientific nor even an orthodox medical society," says Eaton. "It has no analogies, so far as we know, in any other country," says the *Journal of Mental and Nervous Disease*. "It is a combination for mutual support and self-defense," says Eaton. "A trades' union rather than a scientific, pro-

fessional association," echoes the *Journal of Mental and Nervous Disease*. * * "The members" of which "know, and feel compelled to keep, all the secrets of partisan favoritism, jobbing and extravagance, of which asylum trustees are guilty," says Eaton. Echo thus answers echo.

A formidable indictment, false or true! Is it true? True in part, but not wholly true? Is there enough truth in it to cast a shadow? Be it as it may, such accusations can not be "whistled down the wind." Persistent accusations, if undenied, become in time as effectual, in poisoning the public mind, as if sustained by proof. Let us consider these matters candidly. But, as a proper continent and basis of observation, let us affirm:

1st. Insanity, although it may be cosmopolitan in character, inasmuch as it is everywhere a manifestation of cerebral disorder, is not, Mr. Eaton to the contrary notwithstanding, cosmopolitan in the conditions of its successful treatment.

2d. Public provision for the insane and "lunacy administration" in the United States, do not differ more widely from the provision and administration of European States, nor contrast less favorably than do other and equally important institutions.

3d. All the peculiarities of the so-called American system, which by contrast appear as merits or defects, bear some definite and unavoidable relation to necessities or policies which are peculiarly American—and of a potential character, conspicuous enough, however readily overlooked by hasty or superficial observers.

Standing upon this platform, let us now freely admit that American hospital buildings are very large—much larger than the expressed opinion of the Association of Superintendents has justified. At the same time we

may as freely assert that in this matter, as in many others of a public character, professional opinion has often had to yield to the pressure of public policy, determined by considerations of real or supposed necessities of state. The problem of public provision for the insane by the American States, some of them habilitated with the sovereignty and responsibilities of States but yesterday, has been, how to accomplish the greatest good for the greatest number, not in accordance with unlimited benevolence and unlimited means, guided by unlimited knowledge; but with such means as might be available for a given purpose at a given time, and in accordance with ever present necessities and limitations. That large hospital structures, as compared with much smaller, are conspicuously economical, can not be denied. So that, when considered in relation to territory, population, facilities for transportation and other present and prospective circumstances, it can not well be said that American hospitals for the insane are injudiciously capacious. Until now even the older and more wealthy States have not found it expedient to provide State hospitals for all the insane of all classes within their boundaries. Large hospitals furnishing, as they do, a wider range for classifying inmates, are more desirable as a limited provision, which must embrace inmates of all classes, than smaller structures can be, both in a scientific and an economical sense. Large buildings, when properly constructed with regard to light, heat, ventilation and water-supply, do not suffer in a sanatory sense, by comparison with smaller structures. Many of the American hospitals have been doubled in capacity after years of occupation, without adding to the ratio of mortality by such enlargement. Take, for example, our favorite illustration, Utica. Omitting the first year of its operation as insignificant,

the capacity of the asylum, as indicated by its average population for the next three years, 1844-5-6, was 265. The death-rate for that period, on the average population, (acute disease presumably preponderating) was 13 per centum. Ten years afterward, the capacity of the asylum, as indicated by population, was for three years, 1854-5-6, 405. The ratio of mortality on this increased population was 9 per centum. Within the next ten years the capacity of the asylum increased; the daily average population for the three years, 1864-5-6, being 598. The ratio of mortality for this period was 8 per centum. For the period 1874-5-6, thirty years after the first period mentioned, the capacity of the asylum was, indicated as before, 663, or more than twice as great as in 1844-5-6, with a *ratio* of mortality less than 9 per centum, against that of 13 per centum, when the population was not half so numerous. In estimating facts at their exact value, it is true that the death-rate of insane hospital reports needs to be considered in the light of many and varied circumstances. But, as these facts adduced are, or might be, corroborated by the history of nearly every large insane hospital in the United States, of ten or twenty years' standing, they may be accepted as conclusive testimony in their present relation.

If the assertion that large hospitals afford greater facilities for breeding and concealing abuses, has been verified by any instance, it could have been true only because of the expenditure of less money, and the employment of a smaller force of service in proportion to the number of patients accommodated than smaller hospitals require, and instead of being a probable fact, should have been a practical impossibility. Such a fault pertaining, as it must, to a special administration, should not be attributed to a system, and the testimony

of results should be accepted as the best evidence of good or bad general conditions and management. For it is true that any general defect of conditions and appliances, including buildings—any diminution of administrative force below a requisite amount—any general neglect of well-ascertained duties of professional or personal attention to the insane, including matters of discipline, exercise, cleanliness, food, rest, amusement, medication and nameless minor matters of address contributing to common comfort; to say nothing of indifference to, and toleration of, unauthorized and inconsiderate seclusion or restraint of patients for the sake of convenience or punishment; or even “heroic medication” will soon manifest themselves in the tell-tale record, if honestly kept, of hospital mortality.

The cost of hospital buildings in America, whether extravagant or not, can only be decided by first ascertaining what the standard of value should be. If we are to consider American hospital building in the light of a barren necessity required for the purpose only of securing and sheltering the insane as so many unreasoning animals, then indeed they must appear to have cost enormously too much. If, however, we may consider them in the light of public beneficence, colored by the enlightened sentiment of an advanced civilization, founded and maintained for the purpose of restoring the lost integrity of human reason; succoring and sustaining the helpless, and protecting society from the dangerous, yet irresponsible, and especially if we may estimate at its true value the æsthetic influence which, by their stately architecture, they have exerted over the public mind, an influence which has reached and affected the insane mind through impressions made while in a state of health, we can not conscientiously and intelligently say their cost, as a system, has been

too great. The cost of particular buildings, owing to particular circumstances, should in no wise touch the general statement.

The prison-like appearance of American hospitals for the insane is a feature which is more complained of by others than by those who are presumed to suffer from it. To be "behind the bars," sentimentally considered by sane persons, is a condition from which they shrink with abhorrence. But, as a matter of fact, the window-guard, if not clumsily or obtrusively constructed, attracts but little attention from the insane. Those who complain of "bars," in an insane hospital, generally are better off because of them; those who have no need of "bars" are indifferent respecting them.

A great source of error seriously affecting hospital reputation lies hidden in the fact that the changed condition, circumstances, needs, sensibilities and propensities of the insane are forgotten by the outside world whenever hospital doors are closed upon them. Even the most intimate friends of insane persons, worthy and intelligent people, as intelligence is rated, who may have exhausted the strength of their own patience and affection, vainly endeavoring to calm and control a maniacal or suicidal member of the family, as soon as they have delivered such member, bruised, perhaps, and scarred by ropes or irons or violent handling, to the more merciful restraints of an insane hospital, they begin to think of him or her as sensitively pining "behind the bars." Or, if wrought upon by some "reformer's" account of hospital cruelties, or a more dignified reviewer's essay on "despotism in lunatic asylums," they may fancy him or her painfully languishing in the horrible environments of a "Utica crib." Alas, unhappy Utica! Parent of all that is disreputable and

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The cost of hospital buildings in America, whether extravagant or not, can only be decided by first ascertaining what the standard of value should be. If we are to consider American hospital building in the light of a barren necessity required for the purpose only of securing and sheltering the insane as so many unreasoning animals, then indeed they must appear to have cost enormously too much. If, however, we may consider them in the light of public beneficence, colored by the enlightened sentiment of an advanced civilization, founded and maintained for the purpose of restoring the lost integrity of human reason; succoring and sustaining the helpless, and protecting society from the dangerous, yet irresponsible, and especially if we may estimate at its true value the æsthetic influence which, by their stately architecture, they have exerted over the public mind, an influence which has reached and affected the insane mind through impressions made while in a state of health, we can not conscientiously and intelligently say their cost, as a system, has been

too great. The cost of particular buildings, owing to particular circumstances, should in no wise touch the general statement.

The prison-like appearance of American hospitals for the insane is a feature which is more complained of by others than by those who are presumed to suffer from it. To be "behind the bars," sentimentally considered by sane persons, is a condition from which they shrink with abhorrence. But, as a matter of fact, the window-guard, if not clumsily or obtrusively constructed, attracts but little attention from the insane. Those who complain of "bars," in an insane hospital, generally are better off because of them; those who have no need of "bars" are indifferent respecting them.

A great source of error seriously affecting hospital reputation lies hidden in the fact that the changed condition, circumstances, needs, sensibilities and propensities of the insane are forgotten by the outside world whenever hospital doors are closed upon them. Even the most intimate friends of insane persons, worthy and intelligent people, as intelligence is rated, who may have exhausted the strength of their own patience and affection, vainly endeavoring to calm and control a maniacal or suicidal member of the family, as soon as they have delivered such member, bruised, perhaps, and scarred by ropes or irons or violent handling, to the more merciful restraints of an insane hospital, they begin to think of him or her as sensitively pining "behind the bars." Or, if wrought upon by some "reformer's" account of hospital cruelties, or a more dignified reviewer's essay on "despotism in lunatic asylums," they may fancy him or her painfully languishing in the horrible environments of a "Utica crib." Alas, unhappy Utica! Parent of all that is disreputable and

offensive in hospital history, when will thy windows be opened to the light of wisdom from without? When will thy doors cease to slam in the face of pitying humanity and humble science!

But this coarse criticism of hospital architecture is but an overcoat to the more interior garments of asylum despotism called "physical restraints," which pertain more especially to the *personnel* of administration than to hospital architecture. By this token, the use or disuse of physical restraints, all hospital administration, as well as architecture, is to be recognized as evil or good, as successful or unsuccessful, and by no other. "*The degree of freedom from physical restraints,*" says the great North American Reviewer, "*is at once the test and measure of good asylum management.*" Abolish all semblances of physical restraint, remove all bars from windows, and all locks from doors of insane hospitals—destroy all camisoles, muffs, mitts, straps, strong rooms, and especially all cribs (which smell of Utica); domicile your madmen and imbeciles in cosy cottages, with pleasant outlook and garden privileges—establish for them schools, gymnasiums and work-shops—employ only educated saints in sufficient numbers for companions, teachers and comforters—withdraw all authority from the medical superintendent to prescribe or enforce rules or treatment, not previously suggested and approved by officers of "higher grades," unaccustomed to the care and treatment of the insane—appoint a series of officials, to watch over and report each other's doings—remove such appointments from the reach of political influences—in short, reconstruct American society, abolish human nature, modify the conditions of cerebral disorder, and especially change everything relative to hereditary traits of character, education and habits of thinking, and ring in a millennium of lunacy,

or be denounced as despots and obstructionists; is about the alternative presented to the managers of American hospitals for the insane at the present time, by men who demand that the public regard them as wise, and all who disagree with them as worse than foolish.

A further discussion of the use and abuse of restraint in the management of the insane would seem to be superfluous, yet it is persistently forced upon us. Certain it is, that whatever abuse of restraints is still to be found in hospital practice, in American institutions, it is not general, nor is it approved by medical superintendents, individually or collectively. If we are to believe the reports which they make of their own conduct, the use of mechanical restraints, exclusive of hospital buildings, is reduced to a low figure in American hospitals, and limited to exceptional cases, where, as a matter of professional judgment, such restraint is preferable to manual force of attendants, chemical restraints, or an unrestrained condition; a matter which does not involve the question of humanity, any more than does a matter of choosing between the use of zinc and iron, quassia and quinine as tonic medicines.

So too, respecting open doors, and the use of cottages as appendices to general hospitals, furnishing a cheaper or a more appropriate provision for mild, inoffensive, and variously imbecile patients; a class that has been gradually accumulating, and will continue to accumulate, with the growth of States, and without regard to the existence of sanatory institutions. There is no reason why such provision should not be adopted, and certainly no obstruction of a general or formidable character is being placed in the way of so innocent an experiment by "asylum doctors" or others.

But after all we have the question left—the great question—“human nature being as it is,” of personal authority in the management of the insane. This “autocracy—anomalous and unique in this republic.” *What of it?* The problem of authority, delegated or assumed, by which one man may control the actions of another, although the one may be wise and self-possessed and the other a madman or a fool, is never without interest to any man born of Anglo-Norman or consanguineous ancestors. As American citizens we are jealous of our unalienable rights, especially the right of self-control, and do not readily surrender them without contest, even though insane. It is true, also, that but few men are so generously endowed by nature, and so well self-poised by training, as to be safely trusted with the autocratic power which, within a certain sphere, is essential to the successful management of an insane hospital in America. It is for this reason that the most learned neuro-psychologist, the vainest neuropath, the most conspicuous instructor of the feeble-minded, or the most conscientiously misinformed philanthropist, is not, *necessarily*, qualified to superintend an insane hospital, or to criticise judiciously the merits or the conduct of those who are so qualified. There is no other human relation, official or other, like that of a medical superintendent of an insane hospital to its population. The conditions of his authority can not all be specified, because the conditions which he has to meet with authority can not be anticipated. His government can not be otherwise than largely personal, because the conditions requiring government are individual and personal. Large discretionary powers must of necessity be delegated to him. Yet, not larger or more dangerous than is delegated by common law and the statutes to the fathers of families, or the guardians

of wards, in all civilized countries, and for the same general reason, viz., the irresponsible condition of those who are consigned to him for government. It is true that mistakes may be made in the selection of men for superintendents. It is probable that the very best are not always chosen. But a good administration can not be secured through incompetent or even bad officials by depriving them of authority to do that which must in some way be done—nor need a bad administration be expected of competent and exemplary officers because invested with discretionary powers. To deny that such powers may be and are sometimes abused through ignorance, or lack of the highest order of character and qualification, would be to write oneself down “an ass.” That errors of administration, errors of professional opinion and practice, undetected neglects of duty, deceptions and concealments, and even exceptional cruelty of conduct, may and do occur in rare instances in hospitals for the sane or insane, may be frankly admitted. But such things are incidental to human relations of every character. More insane persons are ill-treated, injudiciously restrained, neglected and otherwise abused while among friends in the family relation, than suffer from similar treatment in the least reputable insane hospital in America, proportionately considered.* But

* Dr. Crichton-Browne, English Visitor in Chancery, says, *Parliamentary Report*, page 72: “It has fallen to my lot to admit hundreds of lunatics covered with bruises, and with broken bones, or with other marks of injury and violence. Frequently they are taken to the county asylums, tied up with ropes and in strait waistcoats, and restrained in a way that never would be tolerated in an asylum at the present time.

Q. Personal chastisement is not resorted to, I suppose? A. It is never heard of in asylums. An attendant may lose his temper and commit violence upon a patient, but such a thing as deliberate chastisement is out of question in asylums, although it does occur, I believe, amongst private cases sometimes. One of my colleagues brought to the knowledge of the board a case in which a birch rod was kept for the correction of a private lunatic.

Q. In those cases you mention in which marks were found upon lunatics,

can such incidents be placed beyond the range of possibility or probability, in hospital administration, by the adoption of new methods? Welcome the day when such shall be devised. Sancho Panza's gratitude to "the man who invented sleep" was not greater than ours should be for such a consummation. But certain it is no such methods have as yet been suggested, much less put in practice. English methods, Scottish methods, Belgian methods, Gheel itself, with the canonized bones of St. Dymphna thrown in, have not accomplished so desirable an end.

The proposition of "American reformers" to convert the limited and responsible autocracy of present methods into an aristocracy of hospital officials of various grades, who, appointed by American methods, would become either more despotic and irresponsible by combining in a common interest, or disastrously weak and inefficient by dissensions and antagonism, does not promise well to comprehensive and considerate minds. It would be folly to attempt to govern insane men by such methods—not even by party caucus, and stump oratory of the most eloquent could it be done. Sane men—those who need to be governed, can not be well governed so. Insane men can not await cabinet consultations nor the possible deadlocks of conflicting differences of opinion. The greatest possible wisdom and liberality of government, is not incompatible with large discretionary power. The most arbitrary and ungenerous rule may be established and exercised by majorities, committees

that would not be from ordinary chastisement which was part of the system of the asylum, but from the unauthorized assault of an attendant? *A.* In those that were brought to the asylum the marks were due to assaults by relatives and friends. In those cases the marks of flogging have been discovered."

of safety, *vigilantes* and the like in the name of humanity and liberty. It is not the latent existence of force in nature that is significant, but its applied activities. It is not the possession of power that characterizes government, but the use which is made of it. And it will be found, if closely scrutinized, that the reputation, characteristics and success of insane hospitals in the United States and elsewhere, correspond to the character, ability and attainment of their medical superintendents, and the manner in which they have been sustained in authority by trustees and legislators, rather than to the merits or demerits of any prescribed system of administration.*

Among those who are now most clamorous for structural and administrative reformation of American provision for the insane, there are persons who are not free from suspicion that they are more interested in revolutionizing present methods than they are in general results. There are others, many, who are simply zealous and inconsiderate—men who, seeing but one corner of a thing, are incapable of comprehending that there are necessarily other corners which it would be worth while to find out. The inference of hospital critics and reviewers, that managers and medical officers of American institutions, are, with a few notable exceptions, selfish, dishonest, criminal and despotic, simply because they

*“On examining closely the general condition of asylums, those are almost always found to be best managed in which the physician is the superintendent one, and supreme—in which the committee of visitors act only through him and with his advice—and in which the appointment and dismissal of all attendants are delegated to him; and those are found to be least satisfactory, in which the responsibility is divided—in which the committee of visitors or controlling board meddle in the internal management of the institution, and direct themselves, or through other officers, any part of it, appoint and dismiss attendants, or clip in any way the authority of the medical superintendent.” (Report on Lunatic Asylums by Frederic Norton Manning, M. D., to Her Majesty’s Colonial Secretary for New South Wales.)

have an opportunity to be so, "human nature being as it is," is as narrow-minded and malignant as the most orthodox believer in the dogma of "total depravity" or the devil himself, the arch-enemy of virtue and the human race could desire, and worthy only of the contempt of an enlightened people. Yet there are multitudes who have been and will be influenced by persistent and earnest assertion of inferences, no more accurate or philosophical; persons who are always ready to incline their ears to receive any imputation of wrong-doing on the part of others, especially such as may have become more prominent than themselves in any of the more reputable walks of life.

That the Superintendents of American Hospitals for the Insane should become conspicuous marks for constitutional detractors to expend their envious arrows on, is not a matter which should astonish the thoughtful. That they should be denounced as despots and obstructionists by the same class is not to be wondered at. Notwithstanding the fact that there are no officers in public service whose most trivial acts are so known and commented upon and so exposed to misconstruction and unfriendly criticism. Notwithstanding legislative and judicial investigations, industriously and sometimes malignantly prosecuted, have seldom failed to vindicate their general conduct. Notwithstanding they have kept pace with the progress of science and humanity wherever recognized, reserving only a certain self-respecting right of independent judgment of what is scientific and what is humane. Notwithstanding their readiness to conform these hospitals structurally and administratively to all modifications of conditions and circumstances which may affect hospital population, incident to natural causes; whether it be the gradual diminution of the use of mechanical restraints corres-

ponding with the accumulation of chronic inmates, or the overflow of quiet, homeless lunatics no longer requiring hospital treatment, into detached buildings of less expensive character. Notwithstanding they are in their associated capacity less dogmatic, dictatorial, or limited by fixed ideas, constitution, creed or code, than any other organized society on earth. Notwithstanding, in their individual capacities, crippled as they have been and always will be, more or less, by the inevitable subordination of professional ideas, to the necessities of political or pecuniary exigencies, they have accomplished general results in their treatment of the insane, which compare favorably with the general results of the most vaunted hospitals and asylums of the old world. In their association they have always maintained the widest freedom of discussion, and have had before them in the thirty-five years of the existence of the Association all the problems, great and small, which concern the whole field of psychological medicine, and no adulations, threats or attacks have, or ever will swerve them from their course. Their records will show their work.

Compare, for example, the fact that the ratio of recoveries on the whole number of insane persons admitted to the Pennsylvania Hospital for the Insane for forty years, ending with 1880, as reported by Dr. Kirkbride, "in whom," it may be said, if of any man, "there is no guile," has been forty-five per centum, with the fact that the ratio of recoveries, as reported by the honorable Commissioners in Lunacy, for 1880, on the whole number admitted to all of the public asylums and hospitals in England, idiot institutions excluded, for the year, was thirty-eight per centum.* Or, compare the results of thirty-eight years' operation of the

* *Journal Mental Science*, January, 1881.

asylum at Utica, from its opening to the end of 1880, showing a ratio of recoveries on the whole number admitted, of thirty-seven per centum, with the English results above quoted! A showing quite satisfactory when it is remembered that this exhibit of American results is drawn from a period of forty years, during which, if our critics and reviewers are to be believed, no progress has been made by Americans; while the English showing is from the operation of but one year, the last of thirty-five, since when English methods and practice have been declared by them as steadily progressing and improving!

But, lest some one might think this comparison limited and partial, compare the fact that the ratio of mortality on the average population in all of the English asylums and hospitals for the year 1880, as reported by the Lunacy Commissioners of England, [*Journal Mental Science*, January, 1881,] was nine and sixty-three one hundredths per centum, with the fact that the ratio of mortality for the same period, on the average population in the Pennsylvania hospital for the insane [Official Report, 1880] was seven and seventy-five one hundredths per centum, and the fact that the ratio of mortality for the same period in the Utica asylum was six and eighty-nine one hundredths per centum.

The uncharitableness of ignorance only would be illustrated by an attempt to draw conclusions from these facts derogatory to the English system of caring for the insane, or to institute invidious distinctions in favor of American hospitals. The facts are creditable to both English and American institutions. And we may frankly confess that which it would be presumptuous and arrogant to deny, that English asylums and hospitals and English methods of administration are

the best possible, considered in relation to English characteristics, personal and institutional—while we should not hesitate to demand for American hospitals and methods, in the light of such results, a like respectful consideration. American intelligence can be trusted to find out and to appropriate whatever is useful or profitable in civilization, and to so far modify or reconstruct American institutions of whatever character, political, social, educational, or charitable, as to harmonize them with the necessities of any given time or combination of circumstances. The American people are neither obstructive nor obtuse to whatever is good, or advantageous—not are they slow to act in the direction of their higher perceptions—but not even they can afford to fly in the face of established facts or to ignore the experience of the ages.

CINCINNATI SANITARIUM, June 6, 1881.

PROCEEDINGS OF THE SECTION OF MENTAL DISEASES—INTERNATIONAL MEDICAL CONGRESS.

REPORTED BY A. E. MACDONALD, M. D., LL. B.,

Delegate from the Association of Superintendents of American Institutions for the Insane, Etc., Etc.

The seventh session of the International Medical Congress was held in the city of London, England, during the week commencing August 2d, and was attended by upwards of 3,200 registered delegates from all parts of the world.

At the first general meeting, held in the great Hall of St. James, Sir William Jenner, Chairman of the General Committee, presided, the Congress was formally declared open by H. R. H., the Prince of Wales, and the newly elected President, Sir James Paget, delivered his inaugural address.

At subsequent general meetings, addresses were delivered by Professor Rudolph Virchow, on the "Value of Pathological Experiments;" by Dr. John S. Billings, of the United States Army, on "Medical Literature;" by Professor Pasteur, of Paris, on the "Germ Theory;" by Professor F. H. Huxley, on the "Connection of the Biological Sciences with Medicine;" and by Professor Volkmann, upon "The changes which Surgery has undergone during the last ten years." An address upon the subject of "Scepticism in Medicine," prepared by Professor Maurice Raynaud, of Paris, who died suddenly shortly before the assembling of the Congress, was also read by his colleague, Dr. Féréal.

For convenience in the presentation and discussion of topics and papers, the Congress was divided into

fifteen sections to which places of meeting were assigned in the neighborhood of St. James Hall, a number of the scientific societies kindly placing their rooms at the disposal of the committee.

The sections were as follows: Anatomy, Physiology, Pathology, Medicine, Surgery, Obstetrics, Diseases of Children, Mental Diseases, Ophthalmology, Diseases of the Ear, Diseases of the Skin, Diseases of the Teeth, State Medicine, Military Surgery and Medicine, and *Materia Medica* and Pharmacology.

The eighth section, that of "Mental Diseases," held its sessions in the rooms of the Royal Asiatic Society in Albemarle street, and was presided over by Dr. Lockhart Robertson, assisted by the following officers:

Vice Presidents—Dr. Crichton-Browne and Dr. Maudsley.

Council—Dr. J. Ashe, Dundrum, Dublin; Dr. Blandford, London; Dr. T. S. Clouston, Edinburgh; Dr. J. A. Eames, Cork; Dr. Arthur Mitchell, Edinburgh; Dr. H. Monro, London; Dr. W. Orange, Broadmoor; Dr. H. Rayner, Hanwell; Dr. Claye Shaw, Banstead; Dr. Sibbald, Edinburgh; Dr. Hack Tuke, London; Dr. S. W. D. Williams, Hayward's Heath.

Secretaries—Dr. Gasquet and Dr. Savage.

The American representatives present were: Dr. John B. Chapin, of the Willard Asylum, and Professor A. E. Macdonald, of the New York City Asylum, delegates from the American Association of Superintendents of Asylums; Professor J. W. S. Arnold, Special Pathologist of the latter institution; and Dr. A. H. Witmer, of the Government Asylum, Washington.

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rather than to any personal merits, and expressing the belief that had the latter qualifications ruled the selection, the choice must have fallen upon Dr. J. C. Bucknill. Dr. Robertson proceeded to present, mainly in a statistical form, the facts as to the present condition of the insane in England; and the manner and method of their care. The number of the insane in England coming under official cognizance was stated as 71,000, being at the rate of one in 350 of the population. Of the whole number of registered lunatics, 63,500, or ninety per cent, are paupers maintained at the public expense. The great apparent increase in the number of lunatics in England since the passage of the Lunacy Act in 1845, when the proportion of the insane to the whole population was but one to 800, is due probably to increase in registration, and not, as popular fallacy would have it, to actual increase of the disease. Of the 71,000 registered insane, 61.5 per cent are cared for in public asylums, 6.5 per cent in private asylums, 23 per cent in work-houses, and 9 per cent in private dwellings.

Dr. Robertson regarded the superiority of public asylums even from a financial stand-point, for the care of the insane poor, as contrasted with the licensed houses to which they had formerly been farmed out, as incontestably established. He thought that 50 per cent of the insane poor was as much as should properly be cared for in county asylums, and that provision should be made for an increased number of the harmless and incurable class in the work-houses—say to 40 per cent of the whole number of the pauper insane, 10 per cent being thus left for care in private dwellings. This would form the speaker's ideal for the distribution of pauper lunatics.

Dr. Robertson favored equally strongly the public care of the self-supporting insane, and the consequent ultimate abolition of private asylums, holding that such patients would be better cared for in public asylums, where no questions of self-interest could arise, and where the physician's remuneration is a fixed salary, and not the difference between the payments made by his patients for board and lodging, and the sums he may expend upon their maintenance. If the work had to be begun anew, probably very few would advocate the licensing of private asylums. It is, however, a different matter, dealing with an established system, and time and competition must be left to solve the difficulty.

Further improvement in the treatment of the insane, in his view, is not merely a question of whether and how they shall be detained in public or private asylums, but rather whether and when they should be placed in asylums at all; and when and how they shall be liberated from their confinement and restored to the freedom of private life.

Dr. Robertson thought that fully one-third of the present inmates of private asylums might be placed in family treatment with safety.

In conclusion, Dr. Robertson urged the necessity of thorough revision of English lunacy law. At present it consists mainly of acts amending other acts, and is in great need of consolidation and amendment.

A business meeting of the Section was held each morning during the week that the Congress continued in session.

The afternoons were mainly spent in visits to neighboring asylums—Bethlem Hospital, Hanwell, Colney Hatch, St. Luke's, Banstead among the number. Apart from the very lavish hospitality which the mem-

bers of this Section enjoyed, in common with all the delegates to the Congress, special entertainment was provided for them at all the asylums visited, while garden parties were given by Dr. Wood, at his private asylum, "The Priory," Rochampton, and by Dr. Langdon Downs, at Normansfield.

The following are brief abstracts of the papers read before the Section, and in some instances, of the discussions upon them.

Although the French and German languages were, in common with the English, recognized as the official languages of the Congress, they were but little used—the foreign members, as a rule, speaking English, and with remarkable facility.

Following the President's address, the first paper presented was by Dr. Achille Foville, of Paris, upon "Megalomania," (the *délire de grandeur* of the French), in which the ground was taken that while this form of insanity has hitherto been generally regarded as uniform and as symptomatic of general paresis, it is in reality capable of classification into two forms. In the first, the exalted delusions are fleeting, inconsistent and generalized, and are, in the great majority of instances, associated with general paresis, though they may occasionally be found in cases of alcoholism, of ordinary mania and of organic disease of the brain, in all of which cases they are probably dependent upon hyperæmia of the cortex of the brain. In the other form, the delusions of grandeur are permanent and systematic, always chronic in evolution, and pass away as the patient lapses into dementia.

They may be regarded as indicating incurability of the disease, and are generally associated with melancholia and hallucinations and delusions of persecution. In the latter case, the patient's exalted ideas of change

of personality are usually based upon the belief of illegitimacy.

The second paper presented was upon the "Physiological Pathology of Hallucinations," by Dr. Edouard Fournier, also of Paris, in which the author attempted to show that ordinary acts of memory are due to a stimulus transmitted from the cortical cells to the optic thalami; that an hallucination occurs where a similar stimulus originates unconsciously and involuntarily in the cortex, and is powerful enough to induce a belief in its external reality, and that hence, ordinary acts of memory and hallucinations differ only in that the latter arise from a disordered condition of the cortical cells, and are unconscious in their origin and of abnormal force. The stimuli are traceable to the following sources, which therefore furnish the best basis for a satisfactory classification of hallucinations:

1. The sensations of organic life.
2. The sensations connected with reproduction.
3. The sensations of the special senses.
4. The sensations produced by the voluntary activity of our organs.

In the discussion which followed, pretty general dissent from M. Fournier's theories was expressed.

A paper upon "A New Method of Preparing Large Sections of Human Brains," by Dr. A. Holler, Senior Resident Physician of the Provincial Asylum of Lower Austria, Vienna, was, in the absence of the author, read by Dr. Savage, Secretary of the Section; a number of brain sections prepared in the manner described, being at the same time exhibited.

The process advocated embraces the hardening of the brain by means of the bichromate of potassa, without the use of alcohol, coloring with carmine ammonia, soaking in Canada balsam, and then the fixing and dry-

ing of the thick slices upon object glasses, after which they are reduced by the use of ordinary, and then of tenotomy, knives, to a requisite degree of thinness, and properly sealed.

A kindred subject was treated by Dr. Savage, Superintendent of the Bethlem Hospital, London, in a paper upon "Morbid Appearances Produced by Methods of Hardening Nervous Tissues." The effect of long-continued treatment with alcohol in producing, in brains and spinal cords, changes not to be distinguished from the so-called miliary degeneration, was shown by a series of interesting experiments with specimens taken not alone from those dying from various forms of insanity, but from those with no cerebral disease, and also in the brain of rats, monkeys, and other animals. In a number of the brains preserved at Guy's Hospital, as specimens of the normal condition, and intended for the student to study, these changes were, upon examination, found to be present. The presence of amyloid and colloid bodies, as the result of changes produced by methods of preparation, was also alluded to. In discussing the paper of Dr. Savage, which was illustrated by the submission to the Section of numerous specimens, Prof. Benedikt, of Vienna, expressed the belief that miliary bodies were, in reality, normal, and not pathological.

Among the earlier papers, the one exciting most attention and discussion, was that by Dr. T. S. Clouston, Physician Superintendent of the Royal Edinburgh Asylum, and Lecturer on Mental Diseases in the University of Edinburgh. Its subject was "The Teaching of Psychiatric Medicine," and its discussion was participated in by Drs. Benedikt, of Vienna, Savage, Maudsley, Hack Tuke and Winslow, of England, Macdonald, of New York, and Lasègue and Ball, of Paris.

Dr. Clouston described his own methods of presenting the subject of insanity to the students of Edinburgh University, and the readiness with which, without such attendance being demanded, they availed themselves of the opportunity of attending, and claimed that students must be brought face to face with the patients in order to gain any real sense of the meaning of the different features of mental disease. Typical, well-marked cases must be selected, and medico-legal certificates should be actually signed by the student, who should also be shown the relation between symptoms and pathological changes in the brains of patients dying from forms of the disease in which both are well-marked, as in general paralysis. Upon examinations for a degree, questions to test the student's knowledge of mental disease should be given, commencing with examinations for appointment in the public services. A school of medical psychology for practitioners is an ideal not yet to be attained in our busy profession.

In the discussion which followed, there was a general agreement as to the importance of imparting a knowledge of insanity to the medical student, and as to the impossibility of properly accomplishing this desirable end otherwise than by clinical teaching. The foreign members described in how far such clinical teaching had been provided for in their respective countries, and the English members recited the difficulties under which they labored, owing to the distance of the asylums from the colleges, and the consequent loss of time involved in taking the students to and from them.

Dr. Macdonald suggested that the difficulty might be solved by reversing the order and taking the patients to the students. That had been done in New York for some years, both in the case of his own lectures at the

University, and of those of Dr. Gray, at Bellevue Medical College, and without inconvenience or injury, though a journey by steamboat of considerable distance was involved.

The relations of insanity to other diseases and derangements were dwelt upon in three different papers—one by Dr. Savage, on "Exophthalmic Symptoms in the Insane," one by Dr. Raynor, of the Hanwell Asylum, and Lecturer on Mental Diseases at St. Thomas' Hospital, on "Gout as Associated with Insanity," and a third by Professor Ball, of Paris, "On the Relations of Insanity and Paralysis Agitans."

In the first named, Dr. Savage cited three cases in which mental symptoms occurred, with true exophthalmic goitre, giving the results of post mortem examination in two of them; one case in which some of the symptoms of the disease were manifested in a general paretic, and another in which the goitre was present during recurrences of mania and disappeared in the intervals.

"Some of the Cranial Characteristics of Idiocy" formed the subject of a paper by Dr. G. E. Shuttleworth, Superintendent of the Royal Albert Asylum for Idiots, while Dr. Fletcher Brace, Superintendent of the Darenth Idiot Asylum, contributed one upon "The Morphological and Histological Aspects of Cretinoid and Microcephalic Idiocy," which he illustrated by the presentation of a number of specimens.

The chief points of general interest developed by the reading of these papers, and the discussion upon them, were that, as a rule, in cretinoid idiocy the thyroid body is absent, and its place supplied by fatty growths; that the use of forceps in delivery is much less frequently than has been claimed a cause of idiocy and imbecility, and that these conditions are

much more likely to result from mischief occurring during prolonged labor. Two papers upon cerebral localization were contributed by Professor Tamburini, of Italy, and by Dr. Alexander Robertson, of Scotland, respectively. The former claimed that hallucinations are due to disease of the sensory cortical centers. He ascribed the first discovery of a sensory center (that of sight) in the cortex cerebri, to Panizza, in 1856, but gave the honor of the full development of that discovery to Ferrier.

The subject of Dr. Robertson's paper was "Unilateral Hallucinations and their Relation to Cerebral Localization." He asserted that one-sided hallucinations are of frequent occurrence, and especially when they affect the auditory sense; ascribed their occurrence to the fact that the special center involved is weaker than its fellow from congenital defect, disease, or the presence in the blood of such an agent as alcohol; and held that the psycho-sensorial rather than the centers of special sense in the sensorium are affected. While giving Ferrier credit for indicating with great precision the probable sites of localization of the special senses, the writer did not consider them absolutely settled, especially in view of the small number of cases observed and of the fact that other observations give results not in harmony with Ferrier's.

The question of Hypnotism was presented by Professor Tamburini in a manner calculated to give it some scientific value—a number of graphic tracings taken at Reggio were exhibited, details of the examination of the condition of circulation, respiration, muscular irritability, and the reactions of the senses during the hypnotic state were submitted; and the medico-legal value of such observations pointed out.

An attempt was made to present the same subject in a somewhat different manner by Dr. G. M. Beard, of New York; who applied for and obtained permission to bring before the Section a "trained patient" brought by him from America, for the purpose of giving experiments in hypnotism, muscle reading and the like. Pending the time set for his appearance before the Section, however, Dr. Beard invited a number of its members and other professional men to a private seance at his hotel. Some fifty or sixty attended, including Drs. Donkin, Crichton-Browne, Bucknill and Lockhart Robertson; and upon finding that the experiments were being conducted after the manner of platform mesmerists, insisted that a more scientific and satisfactory course should be pursued, and the case treated as a clinical one, and so examined. The flat refusal of the patient to accede to this, and some very suspicious circumstances observed by the gentlemen present, led to their unanimous adoption of resolutions declaring their want of faith in the honesty and value of the exhibition. As a consequence of this and of protests received from the Physiological Section, the permission already given to Dr. Beard to appear before the Section was withdrawn.

The paper of Dr. Hack Tuke upon "Mental Stupor," shared with those of Drs. Clouston and Bucknill, the distinction of exciting more interest and provoking more discussion than any others presented to the Section. It was based upon three cases of mental stupor, associated with catalepsy, occurring in Bethlem Hospital, and strongly advocated the disuse of the term acute dementia and the substitution of that forming the title of the paper, with the addition of the words "with melancholia," when melancholic symptoms were plainly associated. The author claimed that the more cases of so called

acute dementia are investigated, the more they are found to be examples of mental stupor combined with melancholia, and that this is often found to be true of cases in which the mind is apparently an utter blank, when, after recovery, the fact is made known that melancholy delusions and hallucinations have all along been present.

Dr. Foville remarked that, in France, the term acute dementia had been superseded and that the existence of a difference between the condition to which it had formerly been applied and that of melancholia attonita was no longer recognized. Dr. Clouston, upon the other hand, advocated the retention of the term acute dementia, arguing that although the distinction might be difficult, there were undoubtedly cases which could be classed under that designation and not otherwise.

Professor Benedikt, of Vienna, presented to the Section specimens of the brains of criminals, fifty in number, as illustrative of what he termed the law of "atypie," or deviation from the type form; the deviation claimed to exist, consisting, in the main, in a general coalescence of the typical fissures and in the general appearance of the fissure arrangement resembling that found in the various classes of mammals, in epileptics, and in cases of hereditary insanity.

In the discussion which followed, Dr. Hack Tuke referred to the similarity in conformation existing between skulls of noted criminals, as shown by the fact that a plaster cast of one was mistaken for that of another, in the case of the murderers, Palmer and Rush.

The general opinion was expressed by Dr. Crichton-Browne, who criticised Prof. Benedikt's conclusions, and claimed that he had not established any distinct departure from the normal type, as characteristic of the brains of criminals.

A discourse upon "Epilepsy," by Dr. Lasègue, excited much interest, arising mainly from the quaint manner in which it was delivered and from the dogmatic character of the views advanced. The speaker claimed that true epilepsy was caused only by idiopathic malformation of the skull, that all other forms were spurious, that it develops only upon ossification, or between the age of fourteen and eighteen years; that upon measurement the skull will always be found symmetrical, as will the face. In true epilepsy, the attacks only occur between the hours of 4 and 7 A. M.; there is no increase in severity, the last attack being like the first, and the disease is not hereditary or transmissible. Beyond Dr. Motet's remark that Professor Lasègue's views were generally accepted in Paris, there was no discussion in the Section; but the views of members as informally expressed indicated an indisposition to admit that the generalizations advanced were justified by clinical experience.

The concluding paper submitted to the Section was by Dr. J. C. Bucknill, and upon the subject of "Testamentary Incapacity." It was based upon the case of "Banks vs. Goodfellow" already reviewed by the same author in an article in *Brain* upon the late Lord Chief Justice Cockburn. Dr. Bucknill urged the importance of his subject in a country like England where testamentary powers are practically unlimited, unlike other countries where legal restrictions are imposed; traced the course of judicial ruling in England in such cases; and discussed the bearing upon the power of disposing of property, of delusion, imbecility, mania, monomania, and so forth, criticising the methods employed by courts in estimating such relationship.

He concluded by questioning the judgment of the Court of Queen's Bench in the case alluded to in sustaining a will made by a person who was admittedly influenced by delusions of persecution.

Dr. Macdonald cited some American decisions in which the validity was asserted of wills made by persons undoubtedly insane.

Dr. Motet, of Paris, related a case in his experience in which the judgment of the court was at variance with the testimony given by the experts; and spoke of the difficulties likely to arise where there was simply mental enfeeblement and the testator was not recognized before death as a lunatic.

Dr. Maudsley differed from Dr. Bucknill in his opinion as to the propriety of the decision in "*Banks vs. Goodfellow*," and thought that it was proper that a will which showed upon its face coherency of thought and judgment, should not be set aside on account of the existence of delusions which did not bear upon it. America had taken the lead in decisions in accordance with this view, and it was a step in advance in England to follow the examples thus set. Drs. Wood and Orange supported Dr. Maudsley's views, while Dr. Crichton-Browne favored those of Dr. Bucknill. The latter in closing stated that Dr. Maudsley had mistaken his position; that in the case of "*Banks vs. Goodfellow*" the delusions were not foreign to the subject matter of the will, but clearly bore upon it.

He, Dr. Bucknill, fully admitted the propriety of sustaining a will made by a person unquestionably insane, if it was a natural and proper one and not affected by his delusions or hallucinations, and had himself very recently advised in favor of a patient in a private asylum being permitted to make a will under proper legal precautions.

Papers upon "Moral Insanity" by Dr. C. H. Hughes, of America; by Dr. Wynter Blyth, upon "Chemical Investigation and Diagnosis;" and by Dr. Peeters, of Gheel, upon "Village Treatment of the Insane," were read by title; as were reports upon "The Race Relations of General Paralysis" by Dr. Ashe, of Dublin, and upon "Prodromata of Insanity" by Dr. Müller, of Berne.

Before adjourning, resolutions were unanimously passed expressing the obligations of the members of the Section to its President, Dr. Lockhart Robertson, and Secretaries, Drs. Savage and Gasquet.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS.

The Thirty-Fifth Annual Meeting of the Association was called to order at 10 A. M. of Tuesday, June 14, 1881, at the Rossin House, Toronto, Ontario, by Dr. J. H. Callender, Vice President, in the absence of Dr. C. A. Walker, President.

Dr. CALLENDER said: In the absence—the very much to be regretted absence—of the President, our much esteemed friend, Dr. Walker, of Massachusetts, the duty devolves upon me of opening the proceedings of the thirty-fifth annual meeting of the body. The face of Dr. Walker will be very much missed by all the members of the Association, but by no one so much as by myself, whose duty it is to act as his substitute in presiding over its deliberations. For any imperfections that may be observed, I beg leave in advance to ask your generous indulgence. The Association will come to order. The first business will be the reading of the minutes of the last meeting.

The following members were present during the sessions:

J. B. Andrews, M. D., Buffalo State Asylum for the Insane, Buffalo, N. Y.

Randolph Barksdale, M. D., Central Lunatic Asylum, Richmond, Virginia.

J. W. Barstow, M. D., Sandford Hall Asylum, Flushing, New York.

H. Black, M. D., Eastern Lunatic Asylum, Williamsburg, Virginia.

Robert M. Bucke, M. D., Asylum for the Insane, London, Ontario.

W. O. Bullock, M. D., Eastern Lunatic Asylum, Lexington, Kentucky.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, New York.

A. P. Busey, M. D., Assistant Physician Lunatic Asylum No. 2, St. Joseph, Missouri.

J. H. Callender, M. D., Tennessee Hospital for the Insane, Nashville, Tennessee.

H. F. Carriel, M. D., Central Hospital for the Insane, Jacksonville, Illinois.

Daniel Clark, M. D., Asylum for the Insane, Toronto, Ontario.

John Curwen, M. D., Harrisburg, Pa.

James H. Denny, M. D., Boston, Mass.

R. S. Dewey, M. D., Illinois Eastern Hospital for the Insane, Kankakee, Illinois.

Orpheus Everts, M. D., Cincinnati Sanitarium, College Hill, Ohio.

A. M. Fauntleroy, Western Lunatic Asylum, Staunton, Virginia.

Theodore W. Fisher, M. D., Lunatic Hospital, Boston, Mass.

T. M. Franklin, M. D., New York City Lunatic Asylum, Blackwell's Island, New York.

R. H. Gale, M. D., Central Kentucky Lunatic Asylum, Anchorage, Kentucky.

J. Z. Gerhard, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Pa.

William B. Goldsmith, M. D., Danvers Lunatic Hospital, Danvers, Mass.

John P. Gray, M. D., State Lunatic Asylum, Utica, N. Y.

Richard Gundry, M. D., Maryland Hospital for the Insane, Catonsville, Maryland.

C. H. Hughes, M. D., St. Louis, Missouri.

Henry M. Hurd, M. D., Eastern Michigan Asylum, Pontiac, Michigan.

A. E. Macdonald, M. D., City Lunatic Asylum, Ward's Island, New York.

H. P. Mathewson, M. D., Nebraska Hospital for the Insane, Lincoln, Nebraska.

W. G. Metcalf, M. D., Asylum for the Insane, Kingston, Ontario.

Charles A. Miller, M. D., Longview Asylum for the Insane, Carthage, Ohio.

Joseph A. Reed, M. D., Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

A. P. Reed, M. D., Hospital for the Insane, Halifax, Nova Scotia.

Joseph G. Rogers, M. D., Indiana Hospital for the Insane, Indianapolis, Indiana.

F. E. Roy, M. D., Lunatic Asylum, Quebec.

H. C. Rutter, M. D., Columbus Asylum for the Insane, Columbus, Ohio.

John W. Sawyer, M. D., Butler Hospital for the Insane, Providence, R. I.

J. Strong, M. D., Cleveland Asylum for the Insane, Cleveland, Ohio.

B. R. Thombs, M. D., Colorado State Asylum for the Insane, Pueblo, Colorado.

H. A. Tobey, M. D., Dayton Asylum for the Insane, Dayton, Ohio.

J. M. Wallace, M. D. Asylum for the Insane, Hamilton, Ontario.

Joseph Workman, M. D., Toronto, Ontario.

Also, by invitation, the following gentlemen were invited to take seats with the Association:

Mr. J. W. Langmuir, Inspector of Asylums and Prisons of Ontario.

Mr. D. A. Ogden, Trustee of the Willard Asylum, Willard, New York.

Mr. W. P. Townsend, Manager of the Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

Dr. Godfrey, Trustee of the Asylum for the Insane, Dayton, Ohio.

Dr. Fulton, Editor of the *Canada Lancet* and Professor in Trinity Medical College.

Dr. William Canniff, President of the Medical Association of the Dominion of Canada.

Dr. Graham, of the Senate of the University of Ontario.

Dr. Grant, of Ottawa, Member of the Medical Council.

Dr. A. H. Beaton, of the Orilia Asylum for Idiots.

On motion of Dr. Gray, the reading of the minutes of the last meeting was dispensed with.

On motion of Dr. A. E. Macdonald, it was

Resolved, That the members of the medical profession of Toronto, and any physicians connected with institutions for the insane, who may be in the city, be invited to attend the meetings of the Association.

Dr. Curwen read a biographical sketch of the late Dr. Isaac Ray, prepared by Dr. Kirkbride, and offered the following resolution, which was unanimously adopted:

Resolved, That Dr. Kirkbride be requested to prepare a memoir of the late Dr. Isaac Ray, to be inserted in the proceedings of the Association.

Notice of the late Isaac Ray, M. D., LL. D., prepared at the request of "The Association of Medical Superintendents of American Institutions for the Insane." By THOMAS S. KIRKBRIDE, M. D.

The request of the Association, in reference to the late Dr. Ray, may perhaps be adequately complied with, by adopting, in substance, the memoir prepared by the writer, for the College of Physicians, of Philadelphia, and which is included in the last published volume of its transactions. This notice gives, in a condensed form, the prominent events in the life of our distinguished brother, and furnishes a nearly complete list of the published writings of Dr. Ray, as prepared by himself, and entrusted to the writer a short time before his death.

Dr. Ray was so intimately known to the members of this Association, and was so universally honored for his great ability and the general soundness of his views on all subjects on which he wrote, that little more can be said, in the necessarily limited space to which a notice of him, for insertion in the proceedings of the Association, must be confined.

The death of Dr. Ray leaves but three of the original members of this body—two with their armor still on, and in active service, while the third enjoys, in his retirement, the honors due to long and faithful labor in this field of benevolent usefulness.

Dr. Ray was one of the "original thirteen" superintendents who established "The Association of Medical Superintendents of American Institutions for the Insane," in 1844; was its president from 1855 to 1859, and always took a very marked interest in its proceedings. His papers read at its meetings were numerous and of great ability. Many of these can not fail to take a permanent place in the literature of the profession. Dr. Ray formed the highest estimate of the importance of this Association, and of the value of the work which it had done, and especially believed that to it the insane were to look for most of the changes which were likely to be made in their care and management, which could lay any claim to be for their best interests, or really worthy of the name of progress. Its "propositions," now more than a quarter of a century old, and having stood the test of trial in every section of the country, had in him a staunch defender, and his practical

knowledge and extended observation of other systems gave to his views an especial worth. At the meeting of this Association at Providence, in 1879, he was the recipient of distinguished honors from his old associates and friends from the Rhode Island State Medical Society, of which he had been president, and from Brown University, which, on this occasion, conferred on him the honorary degree of Doctor of Laws. Of the principles established by the Association, Dr. Ray, like all his most experienced brethren, was particularly decided in regard to the importance of a proper organization. He knew, from extended observation of other schemes, that only a single head, controlling, as he must have the responsibility of, all departments, can be relied on for a permanently successful administration, and he lost no suitable opportunity for enunciating this most important principle, no departure from which he believed could ever be justified as tending to promote the best interests of the insane.

The subject of this memoir became a Fellow of the College of Physicians of Philadelphia, in July, 1868; he was always interested in its proceedings, often reading valuable original papers, and generally participating in its discussions. The estimation in which he was held by his associates, was shown by the action of the College on the occasion of his death, and by the resolutions subsequently adopted and ordered to be entered on its minutes. It may safely be said that few men, at home or abroad, have attained a higher eminence, as members of the medical profession, as directors of institutions for the treatment of the insane, and as writers on insanity and medical jurisprudence, than Dr. Ray. He became a resident of Philadelphia in the autumn of 1867, and from that time took an active interest in whatever tended to advance the welfare and prosperity of his adopted home. He was a frequent contributor to the daily press, and almost all the subjects that were generally discussed, in one way or another, had the benefit of his mature judgment and thoughtful consideration. He was always ready to give his time to the promotion of objects of benevolence, and to render assistance to those who were specially unfortunate, and his very extended and varied experience secured for his opinions a more than ordinary degree of respect and public confidence.

Dr. Isaac Ray was a native of Massachusetts. Born of highly respectable parents, in the town of Beverly, on the 16th of January, 1807, he there commenced his earliest education, subsequently entering Phillips Academy, at Andover, and afterwards Bowdoin

College, where he remained till compelled by ill-health to leave his studies, which he had been prosecuting with great assiduity. As soon as his health was sufficiently restored, he began the study of medicine in the office of Dr. Hart, of Beverly, completing his studies under Dr. Shattuck, a distinguished physician in Boston, and ultimately graduating at the Medical Department of Harvard University, in 1827. In that year he began the practice of his profession at Portland, Maine, and while there he delivered his first course of lectures on botany—a branch of science for which he had a great fondness. It was at one of these lectures that he first met the lady whom he subsequently married, in 1831, Miss Abigail May Frothingham, a daughter of the late Judge Frothingham, of Portland, who still survives him, and with whom he lived in a most happy union for a period of just two months less than fifty years. From this marriage, two children were born—a daughter, with rare traits of loveliness, who died at the age of fourteen, and a son, to whom further allusion will be made in a later part of this notice.

About two years after Dr. Ray had commenced the practice of medicine in Portland, Maine, inducements were offered to him to leave that city and settle in Eastport, in the same State, and there soon after he fixed, as he then supposed, his permanent residence.

It was at this time, while living in Eastport, that Dr. Ray first had his interest excited on the subject of insanity and the treatment of the insane, and especially in reference to matters connected with the branch of medical jurisprudence relating to it. The prevalent views on all these subjects were then far behind what are common at the present day, and led Dr. Ray to prepare a work, "*The Jurisprudence of Insanity*," since generally recognized as one of the highest authorities in this department of medico-legal knowledge, and quoted alike by alienists, lawyers and all others interested in the subject, at home and abroad. No better evidence of its being generally appreciated need be given than the fact that six editions of it have been exhausted in this country, while it was a source of grief to Dr. Ray that his condition of health rendered it impossible for him to prepare a seventh, which had been asked for by his publishers, and for which he had on hand interesting and important materials. The steady increase of popularity attained by "*The Jurisprudence of Insanity*," as might have been anticipated, led to a change in the tone of the criticisms made in regard to it. From being originally adverse in many quarters, they became highly commendatory everywhere.

Dr. Ray was appointed Medical Superintendent of the State Hospital for the Insane, at Augusta, Maine, in the year 1841, and this led to his permanent removal from Eastport. He immediately assumed the duties of this position, residing in the institution till he was invited by the Board of Trustees of the Butler Hospital, at Providence, Rhode Island—which was then about to be organized—to become its Superintendent.

The experience of hospital life and management in a State institution was of great importance to Dr. Ray. It enabled him to detect and to expose many of the weak points to which this class of hospitals is made liable, and gave to the emphatic views which he always afterwards expressed, a particular value, from the practical nature of the observations which had led to them. He never failed to censure in the strongest terms the evil results of a political management, of giving to the directors of such institutions a personal and pecuniary interest in their business affairs, and of confiding to those in no way qualified by education and experience the control of the important matters of treatment and government assigned to them. He was always ready to denounce an institution without a head, as much as one with many heads, as a monstrosity that could not, unless under extraordinary circumstances, be more than a very temporary success; and his enunciation of sound views on all such subjects, on all proper occasions, has exercised an important influence in every part of the country.

Dr. Ray found his position at Providence a specially pleasant one. His labor was much less arduous than it had previously been; he was enabled to carry out his own well-considered plans, and it afforded him a long-desired opportunity to visit many of the more prominent institutions for the insane in Great Britain and on the Continent. The fruits of abundant practical knowledge and a careful study of the whole subject gave him special qualifications in these investigations to detect errors, to weigh the value of so-called reforms, and to make a trustworthy comparison of the actual advantages and disadvantages to be found in the institutions at home and abroad. With this view Dr. Ray sailed for Europe soon after his appointment, and in this manner passed the summer months of 1845. He spent the next two years in superintending the erection of the Butler Hospital, which was opened for the reception of patients in 1847. Then taking up his residence in the hospital, he remained there superintending its affairs with great ability, and to the satisfaction of all who were in any way connected with it, till January, 1867, when his impaired health

compelled him to resign this position to which he was so much attached, and in which he had done so much to elevate the standard of hospital treatment for the insane. This relief from labor and from all the cares and anxieties unavoidably incident to the conscientious superintendence of a hospital of this description, made him greatly enjoy a rest, such as he had never before taken, except during his trip to Europe. He spent most of the year in visiting his professional brethren in different parts of the country, and, in selecting a place for his permanent residence, finally adopting the city of Philadelphia. Here he continued to live, at his residence on Baring street, till his death on the morning of the 31st of March, 1881, being then in the seventy-fifth year of his age.

The change from a New England climate to that of Philadelphia, and the rest from constant labor which was now permitted him, made a great improvement in Dr. Ray's health. He increased his literary work, enjoyed engaging in matters of general public interest, and found himself able to take an amount of physical exercise to which he had of late been a stranger. His regained strength enabled him also to accept calls in consultation from his professional brethren, and especially as an expert in legal and criminal cases, in which his services were frequently solicited.

Dr. Ray was a member of many professional and scientific associations. Wherever he was thus associated he was noted for his active interest, and for the part he took in the preparation of papers, and his participation in any discussions that might take place. Dr. Ray was one of the founders of the Social Science Association, and was always an intelligent student of every subject which came under its consideration. His papers read before it, and his views in all matters that received its attention, were distinguished for practical good sense and advanced conclusions in regard to the welfare of the community.

He was at one time a most useful member of the Board of Guardians of the Poor of Philadelphia, giving his valuable time to the duties of the post, which, conscientiously performed, could not fail to be onerous. His experience and his devotion to the insane led him to take an active part in the work of that department. He was not long in detecting its grave defects, and in suggesting the proper remedies; but the minority, with which he acted, had the power to introduce but a few of the reforms which they knew to be indispensable. It is one of the remarkable events of the times that the public authorities were willing to dis-

pense with the unremunerated services of such a man as Dr. Ray, to make a place for some one who had not, and who from his previous life could not have, the first element of knowledge fitting him for a post, one of the most important duties of which was to secure for the insane a liberal and enlightened treatment.

Dr. Ray delivered two courses of lectures, on "Insanity and Medical Jurisprudence," before the class of one of the medical colleges of Philadelphia, but, as usually happened in regard to his public labors of the kind, they were without compensation, and demanded an amount of time which he could ill afford to continue to give. While it must be acknowledged that it is not easy anywhere to secure such a course of instruction to students as Dr. Ray was competent to impart, still it must be conceded that lectures of this kind in every medical school would do much to advance the study of mental diseases and their treatment, would make the profession, and through it the public, better able to detect the many defective schemes of organization now presented for hospitals for the insane, and would lead to a much higher order of discussions in many of the meetings held ostensibly for the special improvement of the care of the insane, and in others in which their management of late has seemed to be the favorite subject for consideration.

Dr. Ray was about the medium stature, but did not possess a very robust constitution. His features were marked and his general expression grave. He had an abundance of rather stiff hair, which of late years was entirely white, and from his way of treating it, it was commonly somewhat in disorder. His manner was dignified, his language clear and distinct, and in speaking or writing he always used a pure English, and attracted the attention of his auditors no less by his personal appearance, than by his manner of delivery and the matter of his remarks.

Dr. Ray for many years had been troubled with a chronic cough which seemed to be bronchial in its character. Although annoying, this cough did not appear materially to affect his general health, and after taking counsel from the most able of his medical brethren, he seemed to have concluded that his malady was one not likely to be removed by treatment.

The great change in Dr. Ray's health, which occurred in the latter part of 1879, was evidently more the result of a great and unexpected family affliction, than of his previous condition. His only son, Dr. B. Lincoln Ray, was a highly educated physician, living with his parents in Philadelphia, greatly valued by them,

compelled him to resign this position to which he was so much attached, and in which he had done so much to elevate the standard of hospital treatment for the insane. This relief from labor and from all the cares and anxieties unavoidably incident to the conscientious superintendence of a hospital of this description, made him greatly enjoy a rest, such as he had never before taken, except during his trip to Europe. He spent most of the year in visiting his professional brethren in different parts of the country, and, in selecting a place for his permanent residence, finally adopting the city of Philadelphia. Here he continued to live, at his residence on Baring street, till his death on the morning of the 31st of March, 1881, being then in the seventy-fifth year of his age.

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pense with the unremunerated services of such a man as Dr. Ray, to make a place for some one who had not, and who from his previous life could not have, the first element of knowledge fitting him for a post, one of the most important duties of which was to secure for the insane a liberal and enlightened treatment.

Dr. Ray delivered two courses of lectures, on "Insanity and Medical Jurisprudence," before the class of one of the medical colleges of Philadelphia, but, as usually happened in regard to his public labors of the kind, they were without compensation, and demanded an amount of time which he could ill afford to continue to give. While it must be acknowledged that it is not easy anywhere to secure such a course of instruction to students as Dr. Ray was competent to impart, still it must be conceded that lectures of this kind in every medical school would do much to advance the study of mental diseases and their treatment, would make the profession, and through it the public, better able to detect the many defective schemes of organization now presented for hospitals for the insane, and would lead to a much higher order of discussions in many of the meetings held ostensibly for the special improvement of the care of the insane, and in others in which their management of late has seemed to be the favorite subject for consideration.

Dr. Ray was about the medium stature, but did not possess a very robust constitution. His features were marked and his general expression grave. He had an abundance of rather stiff hair, which of late years was entirely white, and from his way of treating it, it was commonly somewhat in disorder. His manner was dignified, his language clear and distinct, and in speaking or writing he always used a pure English, and attracted the attention of his auditors no less by his personal appearance, than by his manner of delivery and the matter of his remarks.

Dr. Ray for many years had been troubled with a chronic cough which seemed to be bronchial in its character. Although annoying, this cough did not appear materially to affect his general health, and after taking counsel from the most able of his medical brethren, he seemed to have concluded that his malady was one not likely to be removed by treatment.

The great change in Dr. Ray's health, which occurred in the latter part of 1879, was evidently more the result of a great and unexpected family affliction, than of his previous condition. His only son, Dr. B. Lincoln Ray, was a highly educated physician, living with his parents in Philadelphia, greatly valued by them,

and distinguished as a student and writer of very marked ability. Of vigorous personal appearance, he nevertheless was conscious for some time before his death, of an impending cerebral malady, which gave him very serious apprehensions. On the evening of the 7th of December, 1879, these indications of brain trouble were suddenly developed into an acute attack, which, with great suffering, ended his life in the short period of forty-two hours. To this only son, his parents had looked forward, as a comfort and support in their advancing age. They had been proud of his abilities, and from his filial devotion, and as an appreciative exponent of his views, his honored father had hoped to have justice done to his labors, as an author, by one abundantly capable to give a proper exposure to those who had not hesitated to use his thoughts and occasionally his very language, while forgetting to give the slightest word of acknowledgment. It was not wonderful that the sudden death of this son, at the meridian of life, should have left results of no ordinary character. This sad event, so unlooked for, was a shock to the father, which did more to prostrate his health and strength than would have been done by years of customary labor. With his intimate friends he was still the same genial character, still interested in whatever concerned his profession or his fellow men; but he ceased to write, complained of what had formerly been a pleasure now becoming a toil to him, found his flesh wasting and his strength diminishing, and frequently showed a sadness quite unnatural to him. Gradually he became less and less able to take his usual amount of out-door exercise, or to attend to the calls of professional business. From the early part of December, 1880, he remained in his house, still seeing his friends, interested in his books and in what was going on in the world and in his specialty, but steadily losing weight and strength. To avoid the fatigue of going up stairs, he ultimately made his library, in the second story, his lodging room, and spent the greater part of every day at his front window in the adjoining apartment, reclining in an easy chair—a highly valued present, years before, from a beloved professional brother—and looking out from it upon what was passing on the active thoroughfare before him, and on the beautiful gardens of the houses opposite his residence. From his daily increasing weakness, his friends realized that the end must be near.

On the evening of the 31st of March, 1881, he retired at about the usual hour. After being in bed, he had one troublesome spell of coughing, but then slept quietly, only once in the early morn-

ing, enquiring the hour. So peacefully did he rest, and so calm was his sleep, that he made no sound of any kind, nor moved a muscle, as far as could be heard; and when approached somewhat later, there had been no change in his position, but life had departed, and only what was mortal remained of this noble and useful man.

Dr. Ray was a man of great versatility of talent. His ability as a writer is well known, and his conversational powers were remarkable. He had a great facility in adapting himself to any society in which he might be placed, and was equally agreeable to the grave professional man, or to the specialist, as to those of tenderest age, with whom he was usually a great favorite. While to a stranger, Dr. Ray's manner might at first appear somewhat austere, this impression was removed by a very limited intercourse. By his intimate friends and associates he was specially honored and esteemed, and no one was more cordially welcomed in the social circle.

A list of Dr. Ray's writings, which has been preserved, shows how industrious an author he was, and how multifarious were the subjects in which he took an interest. From 1828, when his first publication of which any record has been kept was made, down to 1880, during which year he furnished his last contributions to the press, it will be seen by the following list that but a single year passed in which something original was not noted :

- 1828. Review of Lawrence's Lectures. *American Quarterly Review*, June.
- 1829. Conversations on the Animal Economy. 16mo. Portland.
Review of Bakewell's Geology. *American Quarterly Review*, September.
On the Origin of the American Aborigines—Yankee.
Address on Temperance. *Eastport Sentinel*, October.
- 1831. Review of Combe's Constitution of Man. *Christian Examiner*, July.
- 1832. Case of Emphysema Uteri. *Boston Medical Magazine*, October.
- 1833. Review of Testimony in case of alleged Murder. *Boston Medical Magazine*, July.
Reply to *North American Review* on the merits of Spurzheim. *Boston Medical Magazine*, November.
Case of Malformation of the Heart. *Boston Medical Magazine*, December.

1834. Review of Decandolle's *Théorie Élémentaire*. *North American Review*, January.
 Review of Combe's Phrenology. *Christian Examiner*, May.
 Review of Combe and Caldwell on Popular Education. *Annals of Phrenology*, November.
1835. Notice of case of Major Mitchell. *Annals of Phrenology*, November.
 Lecture on Criminal Law of Insanity. *American Jurist*, October, No. 28.
 Obituary of Dr. B. Lincoln. *New England Magazine*.
 Translation of the fourth and latter half of the Sixth Volume of Gall's "Sur les Fonctions du Cerveau, etc."
1836. On the Criminal Law of Insanity, being a reply to G. T. C. *American Jurist*, October, No. 31.
1837. Homicidal Insanity. *American Jurist*, January, No. 32.
1838. Medical Jurisprudence of Insanity. 8vo. Boston.
 Notice of Dr. Woodward's Report. *American Jurist*, October, No. 39.
1839. Notice of Pechot's Case. *American Jurist*, October, No. 43.
1840. Review of Mittermaier on Criminal Responsibility. *American Jurist*, January, No. 44.
1841. On Medical Evidence. *American Jurist*, January, No. 48.
1842. Report of Maine Insane Hospital for 1841.
1843. Report of Maine Insane Hospital for 1842.
 Medical Jurisprudence of Insanity. Second edition. 12mo.
1844. Report of Maine Insane Hospital for 1843.
1845. Report of Maine Insane Hospital for 1844.
 Review of Roger's Trial. *Law Reporter*, February.
1846. Observations on Foreign Hospitals for the Insane. *AMERICAN JOURNAL OF INSANITY*, April.
 Review of Trial of Abner Baker. *AMERICAN JOURNAL OF INSANITY*, July.
 Review of Madness or Maniac's Hall. *AMERICAN JOURNAL OF INSANITY*, October.
1847. Shakspeare's Delineations of Insanity. *AMERICAN JOURNAL OF INSANITY*, April.
 Criminal Law of Insanity. *Law Reporter*, May and July.
 Illustrations of Insanity by Distinguished English Authors. *AMERICAN JOURNAL OF INSANITY*, October.
1848. Legislation for the Insane in Maine. *AMERICAN JOURNAL OF INSANITY*, January.

- Description of Butler Hospital. *AMERICAN JOURNAL OF INSANITY*, July.
- Contract Contested on the Ground of Insanity. *AMERICAN JOURNAL OF INSANITY*, October.
1849. Report of Superintendent of Butler Hospital for 1848. Statistics of Insane Hospitals. *AMERICAN JOURNAL OF INSANITY*, July.
- The Hinchman Case. *Law Reporter*, August.
1850. Report of Superintendent of Butler Hospital for 1849. Project of a Law for Regulating the Legal Relations of the Insane. *Law Reporter*, September.
1851. Report of Superintendent of Butler Hospital for 1850. Epidemic Monomania. *Christian Examiner*, May.
- Education in Relation to the Health of the Brain, 24 mo. Hints to Medical Witnesses. *AMERICAN JOURNAL OF INSANITY*, July.
1852. Report of Superintendent of Butler Hospital for 1851. On the Popular Feeling Towards Hospitals for the Insane. *AMERICAN JOURNAL OF INSANITY*, July.
- Trial of Furbush. *AMERICAN JOURNAL OF INSANITY*, October.
1853. Report of Superintendent of Butler Hospital for 1852. Medical Jurisprudence of Insanity. Third edition. Undescribed Forms of Acute Mania. *AMERICAN JOURNAL OF INSANITY*, October.
1854. Report of Superintendent of Butler Hospital for 1853. American Hospitals for the Insane. *North American Review*, July.
- Etherization in the Treatment of Insanity. *AMERICAN JOURNAL OF INSANITY*, July.
1855. Report of Superintendent of Butler Hospital for 1854. Notice of Tuke on Non-Restraint. *AMERICAN JOURNAL OF INSANITY*, April.
- Insanity of George III. *AMERICAN JOURNAL OF INSANITY*, July.
1856. Report of Superintendent of Butler Hospital for 1855. Insanity and Homicide. *AMERICAN JOURNAL OF INSANITY*, January.
- Review of Report of Commissioners on Insanity in Massachusetts. *North American Review*, January.
- Review of Wharton on Mental Unsoundness. *AMERICAN JOURNAL OF INSANITY*, January.

1857. Report of Superintendent of Butler Hospital for 1856.
 1858. Report of Superintendent of Butler Hospital for 1857.
 Opinion in Parish Will Case.
 Review of Buckle's History of Civilization. *North American Review*, October.
1859. Report of Superintendent of Butler Hospital for 1858.
 Medical Testimony in Jury Trials. *Law Reporter*, July.
1860. Report of Superintendent of Butler Hospital for 1859.
 Medical Jurisprudence of Insanity. Fourth edition.
1861. Report of Superintendent of Butler Hospital for 1860.
 Objections to Moral Insanity. *AMERICAN JOURNAL OF INSANITY*, October.
1862. Report of Superintendent of Butler Hospital for 1861.
 Cerebral Dynamics. *Atlantic Monthly*, August.
1863. Report of Superintendent of Butler Hospital for 1862.
 Discourse on Life and Character of Dr. Bell.
 Doubtful Recoveries. *AMERICAN JOURNAL OF INSANITY*, July.
 Angell Will Case. *AMERICAN JOURNAL OF INSANITY*, October.
 Mental Hygiene. 16mo.
1864. Report of Superintendent of Butler Hospital for 1863.
 Report on a Project of a Law for the Insane. *AMERICAN JOURNAL OF INSANITY*, July.
1865. Report of Superintendent of Butler Hospital for 1864.
 Review of Redfield on Wills. *AMERICAN JOURNAL OF INSANITY*, April.
 Case of Bernard Cangle. *AMERICAN JOURNAL OF INSANITY*, July.
1866. Report of Superintendent of Butler Hospital for 1865.
 Insanity of Women Produced by Desertion. *AMERICAN JOURNAL OF INSANITY*, October.
1867. Report of Superintendent of Butler Hospital for 1866.
 Report on Insanity, in Transactions of American Medical Association. Vol. XVIII.
 Epilepsy—Homicide. *AMERICAN JOURNAL OF INSANITY*, October.
 Articles in Bouvier's Law Dictionary, viz: Apoplexy and Paralysis, Delirium Febrile, Delirium Tremens, Drunkenness, Insanity, Lucid Intervals, Mania, Somnambulism, Suicide.
1868. Review of Griesinger on Insanity. *AMERICAN JOURNAL OF INSANITY*, April.

- Delusions Considered as a Test of Insanity. *American Journal of the Medical Sciences*, July.
- A Modern "Lettre de Cachet" reviewed. *Atlantic Monthly*, August.
1869. Review of Discussion on Moral Insanity. *American Journal of the Medical Sciences*, January.
- Confinement of the Insane. *American Law Review*, January.
- Hereditary Insanity. *North American Review*, July.
1870. Review of Ordonaux on Jurisprudence of Insanity. *American Journal of the Medical Sciences*, January.
- Law of Insanity. *American Law Review*, January.
- Trial of Andrews. *American Journal of the Medical Sciences*, April.
- Prognosis of Insanity. *American Journal of the Medical Sciences*, October.
- Mordaunt Divorce Case. *Medical Times*, October 15.
1871. Review of Blandford on Insanity. *American Journal of the Medical Sciences*, April.
- Medical Jurisprudence of Insanity. Fifth edition.
- Habeas Corpus. *Medical Times*, April 15.
- Pathological Psychology. *American Journal of the Medical Sciences*, January.
- Opinion in Pidecock, vs. P. *Pennsylvania State Reports*, Vol. LXIX.
1872. Review of Fisher's Plain Talks about Insanity. *Medical Times*, May 1.
1873. Insane Convicts. *Medical Times*, March 22.
- Legislation on Expert Testimony. *Medical Times*, March 29.
- Review of Tuke's Body and Mind. *American Journal of the Medical Sciences*, April.
- Review of Reynolds' Legal Tests of Insanity. *American Journal of the Medical Sciences*, April.
- Contributions to Mental Pathology. 8vo.
- Ideal Characters of Officers of a Hospital for the Insane.
- What shall Philadelphia do with Its Paupers? Philadelphia Social Science Association. *Penn Monthly*.
1874. Legislation for the Insane. *Medical Times*.
- Review of Denny's Government of Insane Hospitals. *American Journal of the Medical Sciences*, July.
- Review of Bucknill and Tuke on Insanity. *American Journal of the Medical Sciences*, October.

- Homicide and Suspected Simulation. *AMERICAN JOURNAL OF INSANITY*, October.
1875. Duncan Will Case. *AMERICAN JOURNAL OF INSANITY*, January.
- Review of Krafft-Ebing on Responsibility of the Insane. *American Journal of the Medical Sciences*, July.
- Ventilation of Hospitals. *American Journal of the Medical Sciences*, October.
- London *Lancet* on American Management of the Insane. *Medical Times*, December 25.
- Brain Disease and Modern Living. Philadelphia Social Science Association. *Penn Monthly*.
1876. Review of Morel's Works. *American Journal of the Medical Sciences*, January.
- Review of Plans of Johns Hopkins Hospital. *American Journal of the Medical Sciences*, April.
- Review of the Forty-Sixth Report of the Inspectors of the Eastern Penitentiary. *American Journal of the Medical Sciences*, July.
1877. Review of Ordronaux on the Proper Status of the Insane. *American Journal of the Medical Sciences*, January.
- Lecture on Testamentary Capacity. *Sanitarian*, October.
- Review of Folsom on Diseases of the Mind. *American Journal of the Medical Sciences*, October.
- The Responsibility of the Insane for their Criminal Acts. Transactions of the International Medical Congress of Philadelphia.
1878. Review of Tuke on Insanity and Its Prevention. *American Journal of the Medical Sciences*, July.
- New Hospital for the Insane. *Medical Times*.
- Cost of Constructing Hospitals. *Chicago Journal of Mental and Nervous Diseases*.
- Review of Clarke on Visions. *American Journal of the Medical Sciences*, October.
- Notice of Billings' Report on Ventilation. *American Journal of the Medical Sciences*, October.
1879. Notice of Lindsay and Boddington on Restraint. *American Journal of the Medical Sciences*, January.
- Parliamentary Commission Lunacy Laws. *American Journal of the Medical Sciences*, April.
- Recoveries from Mental Disease. Transactions of the College of Physicians of Philadelphia. Third Series, Vol. IV.

1880. Isolation of Persons in Hospitals for the Insane. *Penn Monthly*, January.

Dr. J. B. Andrews offered the following resolution, which was, on motion, adopted :

Resolved, That Dr. John P. Gray, of Utica, N. Y., and Dr. John B. Chapin, of Willard, N. Y., be appointed delegates from this Association to the International Medical Congress, to be held in London, England, in August next, and also to the British Medico-Psychological Association, and that the Secretary of the Association be hereby directed to furnish the necessary credentials of their appointment.

The Committee of Business made the following report, which was, on motion, adopted :

That on Tuesday, June 14th, the Association hold sessions from 11 A. M. to 1 P. M., and from 3 to 6 P. M. for reading of papers and discussions.

On Wednesday, June 15th, hold session from 10 A. M. to 1 P. M., for reading and discussion of papers; at 1.30 P. M., visit the Central Prison; at 2.30 P. M., visit the Mercer Reformatory; at 3.30 P. M., visit the Toronto Asylum; at 8 P. M., attend a dinner at the Rossin House.

On Thursday, at 10 A. M., visit Osgood Hall, Toronto University and General Hospital; at 1.30 P. M., hold a meeting for reading and discussion of papers; from 4 to 6 P. M., attend a reception at the Government House; at 8 P. M., an excursion on the lake.

On Friday meet at 10 A. M., for reading and discussion of papers.

The Secretary read letters from Drs. Bancroft, Eastman, Godding and J. B. Chapin, regretting their inability to attend this meeting; also from Dr. S. E. Josephi announcing the death of Dr. J. C. Hawthorne. The Secretary also read the following letter from Dr. D. Hack Tuke :

4 CHARLOTTE STREET, BEDFORD SQUARE,
LONDON, June 14, 1880.

Dear Dr. Curwen:

I have just received your letter informing me of my election as an honorary member of the Association of Medical Superintendents of American Institutions for the Insane. I assure you it gives me great satisfaction to receive so real an honor. I esteem it a privilege to be united with your Association, one which has worked so long and actively in our department of medicine, and which numbers amongst its members so many whom I honour for their work's sake.

Will you be good enough to convey these sentiments to the Association, and allow me to add that I shall feel stimulated to go on working in the field of science and humanity which it represents.

Yours, very truly,

D. HACK TUKE.

On motion, Mr. J. W. Langmuir, Inspector of Asylums and Prisons of Ontario, was invited to take a seat with the Association.

On motion of Dr. Workman, Dr. Fulton, editor of the *Canada Lancet*, and Professor in Trinity Medical College, was also invited to take a seat with the Association.

On motion of Dr. Curwen, the letter of Dr. S. E. Josephi was directed to be entered in the minutes of the Association:

"I address you in the performance of a painful duty. Dr. J. C. Hawthorne, Superintendent of the Oregon Hospital for the Insane, and a member of your Association, passed away from his earthly work which he had so faithfully executed, on the 15th day of February last, in the 62d year of his age. He was stricken with paralysis, the result of apoplexy, on the afternoon of February 12th, and his spirit passed away on the 15th of the same month. The sad news of his death cast a gloom over the community, and was felt throughout the State as the announcement of a public calamity. I was associated with the Doctor for a period of fourteen years, and in his death I feel that I have lost one of the strongest links that bind me to life.

As you know, he was engaged in the care and cure of the insane of Oregon for a period of twenty years, and, while he had a large pecuniary interest in his contract with the State, he never let such interfere with his duty towards those under his charge. Always loving, kind and gentle, he was especially generous and liberal to provide means for the lightening of burdens caused by disease, and when he passed away from mortal scenes his former patients mourned him as a man who could never be replaced. Loving his fellow men as he did, the work in which he was engaged for twenty years preceding his death, was most congenial to his nature, and his loving, gentle heart always went out to meet the afflicted ones in their distress. In his death the alienist physicians of this and all countries have lost a great and noble associate, and one who was an honor to the profession and a worthy example to those that remain."

A recess of twenty minutes was taken to enable the members to register their names.

On re-assembling, on motion of Dr. Curwen, Dr. C. H. Hughes was added to the list of delegates to the International Medical Congress and the British Medico-Psychological Association.

Dr. Curwen invited the Association to hold the meeting in 1882 in the State Hospital for the Insane, at Warren, Pa., which was, on motion, referred to the Committee on Time and Place of next Meeting.

The President announced the following Standing Committees:

To Audit the Treasurer's Accounts: Dr. Andrews, of New York; Dr. Roy, of Quebec, and Dr. Tobey, of Ohio.

On Time and Place of next Meeting: Dr. Barksdale, of Virginia; Dr. Rogers, of Indiana, and Dr. Thombs, of Colorado.

On Resolutions, &c.: Dr. A. E. Macdonald, of New York; Dr. Gale, of Kentucky, and Dr. Hughes, of Missouri.

The President of the Association laid before the Association a communication from the Board of Trustees of the State Lunatic Hospital of Pennsylvania, which was read by the Secretary:

To the Association of Medical Superintendents of American Institutions for the Insane:

GENTLEMEN: At the stated meeting of the Board of Trustees of the State Lunatic Hospital at Harrisburg, Pa., in April, 1880, it was resolved that a female physician be elected to take exclusive charge of the medical treatment of the patients in the female department of the institution, and Margaret A. Cleaves, M. D., was duly chosen to fill that position. Since September 1, 1880, Dr. Cleaves, aided by Jane K. Garver, M. D., has faithfully performed her duties to the benefit of the patients, and to the entire satisfaction of the Board of Trustees, and, at their request, desires to attend the meetings of the Association.

Respectfully yours,

DANIEL EPPLEY,
Secretary.

JOHN L. ATLEE, M. D.,
President of the Board.

Lancaster, Pa., June 2, 1881.

THE VICE PRESIDENT. This communication was placed in the hands of the chair by Dr. Gerhard, the Superintendent of the Institution at Harrisburg, Pa., and through that channel has reached the Association. The paper and the matter it contains, and this request that it communicates, are now before the Association for such action as it may see fit to take.

DR. WORKMAN. Is the lady in attendance?

DR. J. Z. GERHARD, of Harrisburg, Pa. She is in the city.

DR. A. E. MACDONALD, of Ward's Island, New York City. I have a motion to offer. That inasmuch as the question has been covered by my former resolution, the letter be laid upon the table. (The question having been stated.)

DR. GERHARD. Is that motion open to discussion?

THE VICE PRESIDENT. It is open to discussion.

DR. GERHARD. I wish to place the letter in a fair manner before this Association. I received a communication from the Secretary of the Association stating the time and place of the meeting. I referred that communication to the Board of Trustees of the institution which I represent. The trustees were anxious that I should

attend the meeting of the Association. Some members of the board thought, however, it was not fair that I should attend the meeting alone, as I did not represent the entire institution; that, although Superintendent, I was only the physician-in-chief of the male department, the female department being under the exclusive control of the female physician. It was for that reason and in that way that this communication has come before you.

I am well aware of the fact that most hospitals are not organized as the one which I represent, nor again as some other institutions in Pennsylvania. In most of our Pennsylvania institutions, we have a superintendent, as there are in other hospitals. In the institution which I represent, there is a different organization. There is a superintendent, but female physicians have the medical care of the female patients. In the hospital at Morristown, there is no superintendent; there is a physician-in-chief for the male department, and a physician-in-chief for the female department; and the trustees hold the power. Now, the question comes up, if the superintendent at Harrisburg represents that institution, and the female department has no representation, what would be the result at Morristown? Who would represent that institution—the male physician or the female physician or both? I simply wish to make a fair statement of the matter, and will leave it in the hands of the Association, to make such disposition of it as they may see proper. Whether it is possible for one institution to have more than one representative or not, I do not know. I represent an institution where male physicians have charge of the male patients, and female physicians of female patients. Whether it meets with the approbation of the Association, whether it is right, whether it is going to be an improvement on the old plan or not, I think female physicians in charge of insane women should have a representation here, and I think we should be glad to know whether more can be done for female patients than has been done, or whether there exists the necessity for women as physicians in hospitals. The entire subject I leave for the consideration of the Association.

Dr. MACDONALD. If I understand the communication correctly, it does not accord at all with what the Doctor arrives at in his remarks. There is no request that any representation should be given to the lady, in that letter.

Dr. WORKMAN. Probably they forgot that.

Dr. MACDONALD. We do not need, at this time, to go beyond the formal resolution—"that any physician, connected with any

asylum, visiting here, be invited to attend the meetings of this Association." That is all that is asked there, that she should attend.

The VICE-PRESIDENT. The chair hopes that the entire membership understands the question at issue. It is a very simple one, as stated by Drs. Gerhard and Macdonald.

Dr. MACDONALD. I would suggest that the letter can be taken from the table at any future session, when more members are present.

Dr. HUGHES. I think, under the circumstances, with the resolution already offered and passed, all has been done that is necessary.

Dr. MACDONALD. Something has to be done with the letter. I made the motion I did, so as to dispose of it.

Dr. HUGHES. Our customary way of laying on the table has a significance different from that of legislative bodies. We have never been strictly parliamentary in that matter. The mere fact of laying on the table, as I understand, has the same meaning as to our papers. They are always laid on the table. Whenever a member of this body has read a paper, and it has been accepted, it has been laid on the table. I would move to amend that this letter be received.

Dr. MACDONALD. There is no request in that letter, that any representation should be given to that lady. If any think that, a motion can be made to that effect. We have first only to dispose of the letter.

Dr. WORKMAN. I would like to ask whether the institution represented by Dr. Gerhard is a double-headed one, or has it a head at all?

The VICE-PRESIDENT. That is a pertinent question for Dr. Gerhard to answer.

Dr. GERHARD. It is a single-headed institution, but at the same time it is an institution in which the female physician has exclusive control over the female department of the institution.

Dr. WORKMAN. Is she responsible to the superintendent?

Dr. GERHARD. She is not.

Dr. BUCKE. Does she report to the superintendent?

Dr. GERHARD. She consults with him, but he has no control over the female department.

Dr. BUCKE. Why should she report to him?

Dr. GERHARD. Because the law requires it, and it secures the harmonious working of the institution.

Dr. BUCKE. I do not see why the law requires it, if he has no control.

Dr. GERHARD. He has no control.

Dr. WORKMAN. That comes as near a two-headed institution as can be.

Dr. GERHARD. If the Association desires it I will read the letter.

Dr. R. H. GALE, of Anchorage, Ky. This is perhaps covered by the resolution of Dr. Macdonald to admit, as guests to our sessions, any physician connected with an insane asylum. That is all this letter requests. The amendment offered by Dr. Hughes, is to receive the letter; the motion is, to lay upon the table. Once that is passed, the ground is covered, due courtesy is shown to the letter and the question is settled. When the question arises as to whether she is to be admitted as a member of this Association, it is another subject altogether, and will require decisive action. (Several Canadian members—"hear, hear.")

The amendment offered by Dr. Hughes was accepted by Dr. Macdonald.

The question then being on the motion, it was unanimously agreed to.

The VICE-PRESIDENT. The Association will now be pleased to hear a paper by Dr. Everts, of Cincinnati—a memorial of our lamented friend, Dr. W. S. Chipley.

Dr. Everts read a memorial of Dr. W. S. Chipley, deceased, which, on motion, was directed to be entered on the minutes of the Association.

Memorial of William S. Chipley, M. D.: 1810-1880.

William S. Chipley, son of Rev. Stephen and Amelia Stout Chipley, was born at Lexington, Kentucky, October 18, 1810, being the third child of his parents. He inherited from both parental lines a firm and vigorous organization, including a large and well-balanced brain with great intellectual potentialities. He received an academical education, and afterward the Degree of Doctor of Medicine (1832) from the Transylvania University, which for many years was the most prominent educational establishment west of the Allegheny mountains. Soon after graduation he commenced the practice of medicine in Columbus, Georgia, where, with the ardor of youthful ambition and a consciousness of more than ordinary intellectual endowment, he developed not only

a great interest in, but a capacity for politics and general affairs, but returned to Lexington, Ky., in 1844, and limited his activities to the cultivation and practice of his profession. Successful as a practitioner and reputable as a man of learning, he was elected to the chair of Theory and Practice of Medicine, in the Medical Department of Transylvania, 1853, and delivered the lectures from that chair until called to the position of Superintendent of the Eastern Lunatic Asylum of Kentucky, at Lexington, 1855—then the oldest and perhaps largest public provision for the insane in the west—which position he occupied continuously for fifteen years, discharging the incumbent duties with ability and marked devotion to the interest of the insane, as well as the interests of the State. The asylum was greatly enlarged by new structures under his supervision, and ranked deservedly well among the institutions of its class in America. Personal and political exigencies compelled Dr. Chipley to resign his superintendency, 1870, soon after which he opened a private hospital for the insane, at Lexington, which he conducted until 1875, when he accepted the superintendency of the Cincinnati Sanitarium, a private hospital for the insane, suburban to the city the name of which it bears, where, in the successful discharge of professional duties, February 11, 1880, he died of structural disease, having nearly completed that term of years beyond which consciousness of existence is the chief compensation of life.

Dr. Chipley was a man of imposing presence and dignified address. His characteristics as a man were loyalty to duty, principles, and personal friendships. He was fond of society, especially of men, choosing by preference, persons younger than himself. Professionally he was orthodox, adhering to the doctrines and practices of the school from which he received instruction. There was no smell of quackery in his garments. As an alienist he stood well with his co-laborers in the field of psychiatry, among his own people prominent. His contributions to the literature of science were not voluminous, but always respectable. He was an earnest, intelligent, sincere, practical man and physician; a high-toned, patriotic citizen, and, under all circumstances, a gentleman in the American acceptance of that designation.

While by his life he illustrated some of the more prominent virtues claimed as peculiarly "Christian," intellectually he rejected the pretensions of Christian theology, and died as he had lived—a philosopher. His remains were returned to the earth and repose in the cemetery at Lexington, Ky., surrounded by scenery

endeared to him by all the incidents of a happy childhood, and the achievements of an active and successful career.

Dr. Miller read a memoir of Dr. Joseph T. Webb, which was ordered to be entered on the minutes of the Association.

Dr. Joseph T. Webb was born in Chillicothe, Ohio, in 1827. Here he received his preliminary education. He entered the Ohio Wesleyan University at Delaware, Ohio, and graduated with honors in the year 1848. Soon afterward he began the study of medicine in the office of his father, an eminent physician of Chillicothe, and in due time matriculated at the Transylvania Medical College, Lexington, Ky., where he graduated in 1852. He then opened an office and continued the practice of medicine in the city of Cincinnati until 1858, when he engaged in the manufacture of varnish in partnership with John Pfaff, and continued in this business until the opening of the war in 1861, when he entered the volunteer service of the United States Army as surgeon of the 23d Ohio Volunteer Infantry, in which capacity he served until the close of the war in 1865. Not long after this date he married Miss Anna Matthews, and traveled throughout Europe until 1871, when he was elected Superintendent of Longview Asylum for the Insane. He resigned this office in 1874 on account of ill-health, and traveled again over Europe and America, with the hope that change of air and location might be found of benefit to him. He died at Minneapolis, Minnesota, April 27th, 1880, at the age of 53. Thus passed away the soldier, the scholar, and the gentleman, in the prime of life, in the midst of his family and friends, surrounded by all that wealth, honor, and distinction could procure. He was a man of great executive ability, generous, sympathetic, impulsive, and in his nature kind and obliging, a true friend and a true gentleman. He was brother-in-law of Hon. R. B. Hayes, ex-President of the United States, and also of Hon. Stanley Matthews, Associate Judge of the Supreme Court of the United States.

On motion, the Association adjourned to 3 p. m.

3 p. m., June 14, 1881.

The Association was called to order at 3 p. m. by the Vice President, Dr. Callender.

Dr. Andrews, from the Committee to Audit the Accounts of the Treasurer, reported that they had attended to that duty, found the accounts correct, and a balance of \$168.98 in the hands of the Treasurer, and recommended that an assessment of one dollar be made for this year. The report of the committee was received and adopted.

Dr. Clark stated that the New England Society of Toronto were desirous of extending certain courtesies to the members of the Association.

On motion of Dr. Gale, it was resolved that the invitation of the New England Society be accepted for Friday afternoon.

Dr. Black then read a memoir of the late Dr. R. F. Baldwin, deceased, which, on motion, was ordered to be entered on the minutes.

In compliance with the request of the Association, the following memorial sketch of our late associate is respectfully submitted:

Dr. Robert F. Baldwin, the eldest son of Dr. A. Stewart Baldwin and Catharine Mackey, was born in Winchester, Frederick county, Virginia, on the 16th day of August, 1829. As a child he was exceedingly attractive, possessed of rare personal beauty, and a merry, joyous temper. As a youth he was vigorous in health, attentive to his studies, entered with ardor into all the sports of boyhood, excelled in horseback riding, and was generous to a fault. Blessed with parents whose great aim was always to make home the most attractive spot, and, surrounded by very favorable circumstances, he early developed those domestic traits which made him in after years so thoroughly to center his happiness in home life. After attending the academy in Winchester for several years, and impressed with the idea that he should follow in the footsteps of his father and grandfathers, all of whom had gained high reputation as physicians, he entered the office of his father and his uncle, Dr. Robert F. Baldwin, as a medical student. Subsequently spending the year 1848-9 at the University of Virginia, thence he went to the University of Pennsylvania where he graduated in medicine in 1851. Remaining during the summer in hospital practice in Philadelphia, he returned to

Winchester and commenced the practice of medicine in partnership with his father. He rapidly gained the confidence of the intelligent and refined community in which he lived, and in a few years had a well-established practice. He was so highly esteemed by his professional brethren that they often called him to their assistance in consultation. In October, 1856, he married Miss Carry Barton, of Virginia, a lovely bride who ever afterwards adorned with excellence, grace and affection, his family and social circle.

At the beginning of the sectional war of 1861, he espoused the cause of his native State, was commissioned a colonel of militia and assigned to the 31st Virginia Infantry. While attempting to check the advance of a greatly superior force under General Lander, near Bath in West Virginia, he, with a few of his command, after a gallant resistance, was captured. In this action he bore himself with such gallantry and cool courage as to excite the admiration of General Lander, which was expressed in appropriate terms in after years by a member of his staff when returning his sword surrendered on that occasion. Remaining in Camp Chase and Fort Warren until 1862, he was exchanged and returned to Richmond, where he was commissioned a surgeon and assigned to duty with the 4th Virginia Infantry in the Stonewall brigade. He served with this command for several months, but, owing to some dyspeptic trouble, he was relieved from field duty, ordered to Staunton, and assigned as surgeon in charge of a general hospital. He discharged his duties in that capacity with great acceptability, and there developed the administrative talents for which he was afterward conspicuous when called to another field of usefulness. Returning to Winchester in 1865, he pursued his practice with the same unselfish devotion until the summer of 1874. For some months previous to that time the cares and anxieties resulting from the extreme and protracted illness of some members of his family, the loss of his venerated father, and subsequently of his devoted mother, with the added labors of a large practice, enfeebled his constitution. While in that condition, after a long ride on a hot summer day, he was seized with a violent pain in his right eye, from which he suffered intensely for several weeks. After rallying to some extent from his prostration, he went to Baltimore, consulted Dr. Chisholm, who deemed an operation necessary and extirpated the eye, finding a small tumor on the optic nerve. He returned, and in a short time was apparently restored.

A vacancy having occurred in the Western Lunatic Asylum, by the death of its Superintendent, Dr. Francis T. Stribling, it devolved upon the Board of Trustees to elect his successor. Dr. Stribling had filled the position with distinguished honor to himself and acceptability to the citizens of the State, the institution, under his wise and judicious management extending over a period of many years, had acquired and established such a reputation that the board realized the importance of selecting one possessed of the qualifications necessary not only to maintain that degree of excellence which it had acquired under its late superintendent, but to conduct in still more extended fields of usefulness as the demands increased for its enlargement. After due consideration, the Board decided to confide this important trust to Dr. Baldwin. In accepting it he realized the weighty responsibilities incurred, and the more so that in his professional career he had not made the subject of insanity an object of special study and practice, but trusting with a Christian's faith upon the guidance of a kind Providence, with self-reliance acquired from long experience in his profession, a matured judgment and manly nature, he entered upon the duties of the position, giving himself wholly and earnestly to his work. Combining good attainments with fine executive ability, he soon gained the respect and confidence of his associates, and so conducted the institution in all its interests, that his administration received the cordial endorsement of his Board of Directors, endeared him to the inmates of the asylum and their friends, and obtained for him the confidence and esteem of the community as a faithful and efficient public officer.

Most of the members of this Association will remember the deep interest he took in all its proceedings, contributing what he thought might be beneficial to others, and in trying to obtain for himself a knowledge of the most informed methods of asylum management, by which to promote the welfare of his own institution. The last meeting of the Association which he attended, was the one held in Washington City in 1878.

A few weeks previous to the meeting held in Providence in 1879, the writer received a letter from him, in which he expressed deep regret that he could not be present, said he was suffering with his eye which had been again operated upon, and that he could not stand to be in a crowd. He was not benefitted by the second operation, and it soon became apparent to his friends that he could survive but a few months. His wife died during the summer, and on the 14th of November, he was called to rest from his labors and sufferings.

Dr. Baldwin belonged to that class of men not distinguished for any peculiar characteristics, but possessed all those qualities essential to the highest type of manhood. With good natural endowments and liberal culture, he was eminently a practical man. With an inherited fondness for his profession, he pursued it with energy and in the most catholic spirit. While animated with a laudable emulation, he observed the courtesies of the profession with the most scrupulous care and guarded the reputation of a worthy brother of the fraternity as his own. Responding to the calls of the affluent, he was compassionate to the afflicted and needy, and like the good Samaritan, was ever ready to go to their relief. As a public officer he held the trusts confided to him as sacred, and administered them with inflexible fidelity. Exemplifying in himself the principle of honesty and integrity upon which his character was based, inspiring others with the same zeal and unselfish devotion by which he was actuated, with the capacity to design and the firmness and energy necessary to have his plans executed, he was making in connection with the institution to which he was attached, a just and enduring fame which caused his death to be the more deeply regretted, occurring as it did in the prime of his manhood, and in the midst of his greatest usefulness. This regret was participated in and touchingly expressed by many of the inmates of the asylum, who had been the objects of his care and tenderest sympathies.

In all the relations of life, both public and private, his character shone forth brightly as an honored type of the Christian gentleman.

In 1863, while nursing a brother, a most promising young physician, in his last illness, he determined to become a follower of Christ, and soon after united with the Protestant Episcopal Church, in which he was for many years a vestryman. His walk was that of an humble and sincere Christian, a dutiful son, a cherished brother, a devoted and affectionate husband and father; and genial and social in disposition, he was the charm of the family circle in which he found his chief happiness. His doubly bereaved children will delight to cherish his memory, not only as a prominent and honored citizen of the State, but more as a kind and affectionate father, who never chided but in gentleness and love, and who delighted to make their youthful days bright and joyous.

Intellectual and cultivated, manly and true, brave and generous, firm and energetic, frank, amiable and gentle, and adorned by the Christian graces, he combined the virtues and excellencies of a

character of remarkable symmetry, and which was most fitly and tersely expressed by the Board of Directors of the Asylum in their annual report succeeding his death in the following words: "A man of ability and administrative tact, he united to the highest factors of a true manhood the gentleness and graces of a woman, rounded out into the highest type of the Christian gentleman." And still further by Governor Holliday, when communicating the fact in his annual message to the General Assembly of Virginia: "It is also my duty to inform you of the more recent death of Dr. Robert F. Baldwin, Superintendent of the Western Lunatic Asylum. When elected a few years ago he was an eminent physician in the full practice of his profession. He entered upon the discharge of his duties at the asylum with a high sense of the responsibilities which belonged to the office, and so bore himself as very soon to win the confidence of all by his ability, faithfulness, and diligence in the discharge of the great trust. His death is a loss to the institution, and to the profession of which he was so honored a member." His remains rest peacefully at a spot of his own selection in the beautiful valley which was the scene of his labors. His memory will long remain green in the hearts of the Virginia people, and may well be cherished by this Association as one who, in the few years of his membership, devoted the best energies and impulses of his nature to aid in its chief object, the amelioration of the condition of the insane.

Dr. A. M. FAUNTLEROY, of Staunton, Va., said: Mr. President, I rise to give my cordial approval of the memorial just read concerning the late Dr. Robert F. Baldwin. It is not only consonant with the kindly sentiment embodied in the time-honored maxim—*de mortuis nil nisi bonum*—but it is also entirely in keeping with that better one—*de mortuis nil nisi verum*. It is just appreciation and true. It is not my purpose to pronounce a eulogy upon, or to present a critical analysis of the character of Dr. Baldwin. The remarks I have to make are without premeditation, and simply responsive to the feelings awakened during the reading of the memorial. Memory with her busy train carried my mind back to early years—to our youthful days, for we were raised in the same town in the valley of Virginia. There in fancy I beheld a chivalrous and high-toned youth, who was ever prompt to demand fair play among his associates, and ever swift to espouse the cause of the feeblest. The friendship thus early formed grew and strengthened with our growth. And though our lines through life ran somewhat parallel, with aims somewhat competi-

tive, yet I am proud to say that our friendship remained undimmed and unclouded even to the close of his life. It was my privilege to have known Dr. Baldwin long and well. It was my fortune to have shared with him the hardships of a struggle now known in history as the "lost cause." It was my privilege, subsequently, to have served as a member of the Board of Directors of the asylum of which he was the medical superintendent. And during all these years, and under all their trying circumstances, it gives me genuine pleasure to be able to say that his conduct was in keeping with the promise of his early years.

The characteristics of Dr. Baldwin were clear and clean cut. He was a man of most decided opinions and fearless in their expression. As a man, sir, he was honest; as a citizen, he was patriotic; as a physician, he was truly kind, sympathetic and efficient. But, sir, there was one circumstance in his life which more than any other illustrated the character of the man, and that was in the closing days of his life. It was my privilege to attend him in his last illness, and I can testify to the Christian fortitude with which he bore himself. He was informed some months before his death that he had a malignant disease, he was made painfully conscious that it was slowly undermining life—yea, invading the very citadel and dome of thought, yet he bore his afflictions with manly cheerfulness, and faithfully discharged his duties. I think, sir, that in the closing days of life, he exemplified in all their force of meaning the eloquent words of Bryant:

"So live that when thy summons comes to join
The innumerable caravan that moves
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go, not like the quarry-slave at night,
Scourged to thy dungeon; but sustained and soothed
By an unfaltering trust, approach thy grave
Like one that wraps the drapery of his couch
About him, and lies down to pleasant dreams."

It only remains for me, sir, to move that the memorial be spread upon the records of this Association.

The motion was adopted.

Dr. Everts then read a paper on the "American System of Public Provision for the Insane and Despotism in Lunatic Asylums." [Published in this Number.]

Dr. Workman read a paper on "Some Points on the Management of American Institutions for the Insane."*

The Association then proceeded to discuss the papers read by Drs. Everts and Workman, and were called upon by the Vice President in turn as they sat in the room.

Dr. BUCKE, of London, Ontario, said: Mr. President, I have listened to these two papers with as much pleasure, I think, as I have ever listened to any papers read in this Association, which is saying a great deal. I have very little indeed to say about them, but I just want to make one remark which is applicable to both papers. I think that one of the great vices of the human mind is its tendency to what we may call finality. In every department of thought and life, and in every age there has always been an immense majority of the human race in any given state, or in any given country, who have thought that the end was reached. This remark is just as applicable to times of comparative darkness—of thousands or hundreds of years ago—as it is to-day, and a very little reflection would convince any person that the tendency is as little justified to-day as it was in the past.

In the care and treatment of the insane enormous advance has been made, even within the last few years, and if we go back hundreds of years the advance is so great that we can not estimate it. The inevitable tendency is to think that the work is done.

Now, although we can not see beyond where we are, it is just as certain that we are going to advance and go forward, as it is that the earth is going to continue to revolve around the sun. The direction in which we are going to advance, and the position towards which we are advancing, we can not say, but we should be very careful, I think, to condemn any suggestion tending forwards. I know even during my life that things are done—plans are carried out in asylums—that in my recollection would not have been thought possible, and the idea of which would have been hooted at. Even in my own asylum, I have 180 patients who are subject to no restraint, who go about as they please, who have all the privileges almost of sane people, and still they are just as insane as any other part of the population of my asylum. It would not have been thought possible, twenty or fifty years ago, to maintain lunatics in such a way. Not only is this true,

*Published in the July Number of this JOURNAL.

but no evil has ever resulted from this increase of freedom, so that I am inclined to think more and more that the same freedom could be extended, although I might be very much afraid myself to extend it. Still I am satisfied that, although I may not do it, it will be done. I must say I very much prefer to see new ideas encouraged than to see them treated with levity, simply because they are new and untried. Of course it is very certain, as every one knows, that for every good idea advanced in any department of human life, there are a hundred very poor ones. At the same time I am inclined myself to look favorably upon every new idea, so far at least as to give it full consideration before discarding it, and to believe that we have not reached the end of our journey yet.

Dr. J. Z. GERHARD, of Harrisburg, Pa., said: I do not think I can let this opportunity pass without saying at least a few words. I was pleased with the remarks of the gentleman who just preceded me (Dr. Bucke). There was much in the papers read here this afternoon that I enjoyed. Although I speak as a very young member of this Association—and I hesitate to speak in this body, particularly in the presence of so many old members—yet I wish to add my views to those that were expressed by the speaker who preceded me. There is a feeling sometimes among men who are engaged in any special work that they are doing just right, that they have reached the highest point of excellence, and that there is no room for progress or advancement. Yet I believe that in the course of time (particularly with those who are young) we shall see many things differently from what we do now, and be able and willing to admit ideas that we now consider very absurd.

In the State from which I represent an institution, there is a feeling that something different should be done in connection with our hospitals. This feeling has manifested itself in such a strong manner that the organization of some hospitals has been changed to a certain extent. Efforts have been made at different meetings of our Legislature to change them still further. This desire for a change manifested itself very strongly in the last meeting of the Legislature, and there were very animated discussions on the organization of our hospitals. Radical changes have been made in two of the hospitals in Pennsylvania. Some men engaged in hospital work in the State are not in sympathy with them, others are, and mean to respect the sentiments thus expressed, to give them a fair chance with the hope also that they may be a success, and with the determination that they shall be a success.

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Dr. T. M. FRANKLIN, of Blackwell's Island, N. Y., said: I can hardly resort to the same apology that Dr. Gerhard has offered in advancing his views here—that of extreme youth—but, perhaps I may say that, although a new member of this Association, I have been so long an interested observer of its workings and spirit, that neither of them is new to me. While a student, it was my privilege, as guest of Dr. Earle, of Bloomingdale, to be present at one of the sessions held by the now famous "original thirteen" who inaugurated this movement. I think it was the second meeting—the first having been held at Philadelphia.

Coming as I do from the State of New York, to which crimes against the insane of so many sorts have been attributed by those to whom allusion is made in one of the papers to which we have listened—belonging to the city of New York, and representing its female lunatic asylum—an institution habitually, semi-periodically, persistently and maliciously attacked, I can hardly maintain silence when the subject of these papers is under discussion.

We have a managing board, as you all know, politically composed, but, with its present organization and membership, I believe that, during the three years I have been connected with it, all has been done for the institution that the commissioners believed their peculiar and trying position would permit. As to visiting boards, inspecting boards and committees of sundry varieties, we have plenty; but we have, worse than all, people given to visitation and criticism, who belong to that "border-land" to which allusion has been made, and while we all know that "border-land" cases make us the most trouble, those nominally sane outsiders who are not under our control, sometimes behave still worse.

In regard to the question raised by Dr. Workman, as to the possibility of our being protected by boards, I am almost hopeless in this matter. I believe that years ago institutions for the insane under the control of individual States were not much influenced by politics. They are growing to be more and more so influenced. Of course the institutions of our large cities are very much so hampered.

As to our boards of management and the best methods of appointing them, I believe, sir, that any board composed of three or four reliable men (just enough to give variety to judgment) who have sufficient intelligence and education to learn how properly to investigate and oversee an institution—who are untrammelled—who are willing to give due time to the work, and will bring to it patient perseverance, who will intend to know what is doing and

to become competent to pass judgment thereupon, will be perfectly able, no matter how appointed, to do all that is needful. In other words, innate reliability, acquired competency and individual independence, are the requisites. We know that the ordinary "committee of investigation" on management has not the practical knowledge requisite for getting at the state of an institution, and the true features of its conduct. We all know that such a body goes through an institution and comes out knowing very little of the internal workings of that institution. I venture to say that any member of this Association would feel, if he had an investigating board appointed by a senate or other authority go through his institution, that he was not properly inspected. If, then, he had any experienced member of this body come later, with power and determination to inspect his institution, he would think now I shall be thoroughly seen. That one man would shortly acquire such insight into your condition and management, as would astonish any committee and would do justice.

Boards and committees, as actually constituted, are sometimes hampered by political connections, through which they dare hardly break, or by aspirations of some sort which they do not wish to jeopardize. No such organization can be relied upon as "a break-water" for the medical superintendent when attacked. I think the safety of a superintendent consists mainly in coercing his board of management into a familiarity with his doings, in making its members conversant with the details of daily movement, in taking them as it were into silent partnership in all work, and therefore into partial responsibility through knowledge. Then if he gets into trouble that board must either stand by him in his trouble, or prove recreant to its trust.

Dr. J. B. ANDREWS, of Buffalo, N. Y., said: I have but a few remarks to make upon the papers which have been read. The paper by Dr. Everts is an interesting one, though he has had to deal with what has become a somewhat trite subject, the criticisms upon asylum matters in this country by those who would occupy the rôle of reformers. These criticisms are of the most incoherent and impracticable character, and for this reason it is impossible to discuss them in a satisfactory manner. The Doctor has evidently labored under this difficulty.

Fault is found with the lunacy laws and the details of their administration, with the conduct of the external and internal affairs of institutions, and with those who are intrusted with their charge. In short, nothing is right or worthy of commendation,

and the most radical changes are demanded. Such wholesale criticisms are neither right nor reasonable, and those who make them seem actuated by a spirit of destructiveness, and a determination to overthrow everything which has grown up as the result of practical experience. They are founded largely upon loose, and sometimes false statements of comparisons, and upon specious reasoning which takes the place of knowledge, while the unprovoked attacks upon individuals place them beyond the limits which entitle them to any reply.

Dr. H. P. MATHEWSON, of Lincoln, Nebraska, said: I was desirous of meeting with this society, and have been gratified by the taking up of this question, which is a very interesting one. It appears to me that the successful management of the insane must depend largely upon the individual capacity of managers themselves—that person who is sufficiently vigilant to take up each case and treat that case as it needs, will best succeed. If we could lay down rules for the treatment of the insane, it might be different; but we may as well expect to lay down rules for everything else in the way of treatment. I do not suppose we are going to find anything more than general rules for the management and treatment of all our cases. If we had a specific for all diseases, the practice of medicine would be very easy. So in the management of insane, if we had a specific treatment, the greatest novice in the world could succeed. My knowledge of the treatment of the insane certainly is limited, but I have learned that we can not treat the insane all alike. We have to treat them as individual cases.

I was very much interested in the paper of Dr. Everts. Of course I have seen through the papers and in various ways noticed the large number of persons in New York, who are agitating a different treatment and management of the insane. I know some of the leaders, and I am confident that they know as little about it as an equal number of inexperienced persons upon any other subject. I do not believe they are actuated by honest motives, although I may be wrong about that. But one thing we may do well to consider, and that is, the proposition that reform "generally comes from the outside," and we ought to be willing to accept the situation. All suggestions coming honestly and conscientiously, we ought to take in good faith.

For my own part, I do not suppose that persons not accustomed to the management of the insane are going to learn all about it by theory. It must come mostly from practice and observation. The

person who is determined to be vigilant and cautious, is most likely to best succeed. My impression is, that there is an immense amount to be learned in the care of insane people. We do not have to look back far to see improvements and reform in the care of the insane. Doubtless there is a large amount to be done in that direction, and I think we ought to go slowly in our criticisms in regard to these suggestions.

I am glad to meet with this Association, and to listen to the comparing of different views and facts. I did not come expecting that I should add anything, or even to suggest anything that would be of use or value, but I am glad to hear every man's views in this society. Every man is strange to me. There is not one person here that I have ever seen before; but I am very glad to see you, gentlemen, and to make your acquaintance.

Dr. A. M. FAUTLEROGY, of Staunton, Va., said: I have but little to say beyond the expression of the pleasure with which I listened to the reading of the *critique* by Dr. Everts. It is an admirable and biting satire upon the conduct of those self-constituted guardians of the insane, whose main business in life seems to be that of carping or fault-finding with asylum management. Doubtlessly we shall always have trouble as long as there remains one of that class of microscopic philanthropists whose "principal focal distance" rarely ever falls within the "visual field" of their *own concerns*. If any man takes an asylum, expecting it to be "a bed of roses," he is very much mistaken. And the only course which promises satisfaction to an asylum official, is to be found in the conscientious and persistent efforts to secure for those who are the tender objects of his solicitude and care, all the means which enlightened experience has shown to be most promotive of the interests and welfare of the insane.

In the proud consciousness of duty fulfilled, there lies capsule the true psychological antidote to the annoyances which may never cease to arise this side of the advent of the millennium.

Dr. A. P. REID, of Halifax, Nova Scotia, said: I prefer to listen rather than talk in these discussions. There is a pleasure in listening to the different gentlemen giving their experiences of asylum management, or on any subject bearing on the treatment of insanity. It appears to me that in thirty or forty years at farthest, we have the largest portion of this continent supplied with buildings established for the care of the insane, and that we have reached so near perfection as to have but little fault found with the management of these institutions, is cause for self-congratulation. I do

not know that we could get any other political machine to run as satisfactorily, because asylums for the insane must be considered more or less (if not all) under governmental supervision. It appears to me that we are in a state of improvement. Insane asylums have greatly progressed until now they can well be called "hospitals for the insane." I do not believe we will reach the highest success in hospital treatment until we get further towards the cure of mental diseases.

I do not suppose that anything causes so much alarm to outsiders as the so-called "restraints." Many, from ignorance, appear to act on the assumption that superintendents of hospitals for the insane are not governed by feelings common to the race of humanity, whereas, the principles guiding the management of every asylum I have ever visited, have been how much liberty and pleasure can be given to the insane. They desire to give all that is possible, having a due regard to the patient's benefit. I feel quite confident that it would be well for the public to know what superintendents aim at. The business and pleasure of every superintendent is to give every patient all the liberty possible, consistent with proper care and cure.

Dr. WM. B. GOLDSMITH, of Danvers, Mass. only wish to state with reference to Dr. Workman's paper that I entirely agree with him as to the value of an expert supervisory board in the care of the insane. I do not think it would materially change the better class of asylums in the United States. In them the inspection of such a board would probably be largely a matter of form, as it is in institutions of a similar class elsewhere, but I think it would aid in securing a more uniformly good care for the insane, and render it more difficult for institutions to fall behind, or never reach a fair grade of excellence as they may now do in the States without general professional notice. I also think that it would be a protection to superintendents, and that it could fulfill most important duties in cases of patients possessed of property, and in rendering a variety of provision for the insane safer. There are many instances where the friends or guardians of patients have great difficulty in determining how they had best plan and provide for their charges, and whether they receive a fair equivalent for their outlay. There are also cases where a proper amount of the patient's property is not expended on their care. In these matters I think expert authorities should advise or decide.

Their oversight is also important in rendering a variety of provision for the insane safer. Without it I regard much variety of

provision entirely unsafe, for there is no security for good treatment in private dwellings or asylums unless the amount of money involved is sufficient to secure the services of a humane and cultivated man, who has social standing and professional reputational station. With supervision I think the private home treatment admirable in many cases, without it I think it is to be condemned. I do not know whether Dr. Workman appreciates the force of one point he made as fully as I do. That is the difficulty of securing competent inspectors or commissioners in the States.

Though the appointment of a properly constituted board meets my approval, I regard the appointment of one improperly constituted as worse than useless, and the exercise of such authority without knowledge as very bad. In many of our States, at present, I think it would be found impossible to secure competent men to take the field. It is not a position in which a young man should win his spurs, but one that requires the experienced and judicial mind of mature age, and a proper candidate usually occupies a more stable position with higher salary than often goes with such appointments when our State legislatures govern them. I think this difficulty the great one in the United States, but the plan is good.

Dr. STRONG. I think it is obvious that we can not conclude this discussion at the present sitting, and I would, therefore, suggest a recess until 8 o'clock.

Dr. GUNDRY. I move to adjourn the discussion until to-morrow morning. I should like to take part in the discussion, but I can not do so this evening.

On motion, the Association adjourned to 9 A. M., Wednesday, June 15.

JUNE 15, 1881.

The Association was called to order at 10 A. M., by Dr. Callender.

The minutes of the proceedings of yesterday were read and approved.

The Secretary read a letter from Dr. T. J. Mitchell, of Mississippi, expressive of his regret at his inability to attend this meeting.

Dr. CALLENDER. On adjourning yesterday the Association had under consideration and for discussion the papers read by Drs. Everts and Workman, and Dr. Hughes was about to take the floor.

Dr. CHARLES H. HUGHES, of St. Louis, said: I have been a member of this Association for a number of years, and have been a constant observer of its work. Formerly I looked at the work of this Association from the inside of an asylum. I have been able, during the last seven years, to take an outside view of its workings, and I must say that my observation of the work of this body, as referred to in the paper of Dr. Everts, has been as satisfactory to me, viewing it from the outside, as it did when I viewed it as an asylum superintendent. I have contributed my own observation in a practical way, to a verification of most of the propositions which have from time to time been promulgated by this body, and I have found them to bear the test of experience. In fact, it does not occur to my memory that any similar number of propositions that have ever been made by any medical body, so long existent as this one has been, has been enabled so well to stand the test of time.

Now, there are two ways of viewing the subject of insanity and its relations. Metaphysical conceptions—theoretical opinions of what insanity ought to be, and of what ought to be done with the insane, are generally the first that present themselves to the mind of a medical man when his attention is turned to the subject. Theoretical conceptions of what insanity ought seemingly to be, frequently lead gentlemen to the formation of opinions as to its management and treatment very much at variance with the suggestions of actual experience.

Doubtless it has occurred to many a member of this Association that, in the beginning of his career upon taking charge of an institution for the insane, he has had theoretical conceptions of what insanity was, and formed conclusions based upon those theoretical conceptions, as to how the insane ought to be managed. And it is in the experience of every member of this Association, that observation of the insane—familiar intercourse with them—connected with those influences which have to do with their welfare, with legislation and boards of management—has led each and all of us to conclusions with regard to their management different from those which were held upon entering the special practical study of mental aberration.

This Association needs no defence, and it never would have occurred to me to write a paper in defence of the practical propo-

sitions of this body, because they are the formulated convictions of experience. I do not understand that the paper of Dr. Everts has been offered for that purpose. The point of the paper, that this Association has not been obstructive or retrogressive, or not progressive, certainly needs no defence. We need but look at the history of insanity in this country during the past half a century and compare the present ameliorated condition of the insane with their past—which has been the work of this Association and the work of government through them—for a historical proof of the good work that has been done by and through this body. Errors have been committed by architects, adornments have been added to buildings which have never been suggested by this body, expenditures have been made not warranted by any of the propositions of this Association, and other errors of omission and commission have been committed for which we are not at all responsible.

Gentlemen, outside of the specialty, are accustomed to point with commendable pride to the heroism of medical men in times past, to the spectacle of Vesalius, for example, making the first human dissection at a time, and in an age, when it required courage to face a frowning world. Triumph over adverse public opinion has added no greater laurels to the brow of victorious and progressive medicine than that sublime spectacle which took place in the dungeon cells of the Bicêtre, when our own Pinel, in the face of opposition equally as great, struck the shackles from the lunatics there confined and recognized those insane persons as friends and brothers, casting to the winds the theoretical dogma that they were fiends incarnate. This was the work of psychiatry and it was the work of our profession. It was the work done inside of asylums. There is where it began, inside of the asylum circles, and where it has resulted in benefit to the race. It was the beginning of that reform in psychiatry, that practical and beneficent form which has been going on from the days of Pinel to the present time within the asylums.

The first impression that I received from my intercourse with members of this Association in official capacity, was that of their earnestness in behalf of the insane, and subsequent repeated attendance upon the meetings of the Association and visiting of institutions throughout the country impressed me with the fact, that if ever there was a set of men alive to the truest interests of the insane it was the superintendents of the American hospitals. The presence of this body of men was always an inspiration, and

I never went among the members of this Association, either as superintendent of an asylum, or since, that I did not acquire an enlarged conception of the rights of the insane which I had never thought of or heard of outside. If there has been a body in existence which has kept constantly in view the rights of the insane, it has been this body, and it is that subject which occupies the attention of all of us—the rights of the insane. Their right to the largest liberty compatible with their welfare, and that higher right than liberty, which, if they could speak as others speak, they would demand of us the right to that scientifically regulated restraint which conduces to their speediest possible restoration to the usefulness of rational life, and any men, or any body of men, who are regardless of this right, inflict upon the insane—these helpless wards of those who are more fortunate than they—a wrong far greater than the deprivation of liberty.

One could not discuss the propositions of these papers without exhausting much more time than the papers themselves occupied. The points of Dr. Workman's paper in the main were points upon which this Association is committed as the detrimental influence of frequent rotations in office. Political changes in medical officers of hospitals for the insane conflict so sadly and so seriously with the rights of the insane that the fact needs but to be mentioned to be condemned, because if there is any one right above another that the insane would demand of us, could they speak as we speak, it is that in the days of their calamity they might receive from us, or they might receive from those States, which assume to take charge of them in their affliction when they can not care for themselves, that ministering medical care which can only come from experience and observation, and when asylum physicians are changed, as they are in some of the States of this Union every two years, it is a farce and a travesty on justice to say that the insane man, who is a ward of such a State, is accorded his rights when he has to receive only such medical attention. The principle of the proper treatment of insanity is somewhat akin to the increased experience and skill required to navigate a ship, where laws are framed for the purpose of securing life, personal safety, not at the hands of novices but experienced seamen. How much more important is it that States should be particular to see and provide that skill and experience should be furnished to the hospitals for the insane, and that the tenure of office of medical officers of asylums should not be subjected to those changes which are dependent upon party exigencies.

In regard to the question of inspectors, there can be no objection to an inspection *per se* in stable governments like Great Britain, not subject to those periodical changes which sweep biennially and quadrennially over our States and our country, where there would be great danger in having one more asylum officer added to this large number which are subject to political change. I have no objection to medical inspectors of asylums, if they are the right kind of men. There can be no valid objection to having institutions inspected by men of experience. This Association has no objection to anything that promises to ameliorate the condition and welfare of the insane. It has been the habitual thought of almost all the members of this body, so far as I have been able to glean it, that if a body of five or seven or nine men in a single State of this Union, having but two or three asylums to look after, and having but one under their own immediate eye, could not be selected by the Governor, by and with the advice and consent of the Senate, of sufficient probity and character to manage the affairs of an asylum, it would be exceedingly difficult to make matters much better by adding one more. The objection is not to the system of inspection, the objection is to the probable inexperience and instability of the inspectorship that would be established.

A system of inspection may be a farce under one manner of conducting it and in one country, and work most admirably in another. The very same inspector of the hospitals for the insane who inspected these asylums, when we were here ten years ago, is the very same gentleman who greets us here to-day, and I am sure we are all glad to welcome him and glad to know that the asylums of this province have an inspector whose tenure of office does not depend upon the political changes of ephemeral political parties. How would it be with us? How many Langmuirs should we see in our States for a single decade, under our present vicious system of rotation in office and spoils to the political victors? It would be perilous to the general welfare of our insane to advocate a general inspector for the insane, unless we could secure stability in office and be assured of adequate qualifications on the part of the inspector.

There are a large number of other points in these interesting papers which will be covered by the other gentlemen. I am sure, gentlemen, I have occupied more than my share of the time.

Dr. A. E. MACDONALD. I was not permitted the pleasure of listening to Dr. Workman's paper yesterday. As regards the

paper of Dr. Everts, there is but a single point upon which I desire to speak to the Association. As I understand the Doctor, he intimated an opinion that perhaps more should have been done by members of the Association residing in New York and its vicinity, in the way of answering the attacks upon asylum management throughout the country, for the reason that the persons making such attacks were for the most part resident in New York. As a representative of the asylum which is perhaps closer than any other to the body of gentlemen who have been so industriously attacking these institutions, I will say that I have not deemed it necessary to meet them in their attacks in any way, except when brought before some legally constituted body.

First of all, I beg to remind you that we are pretty well acquainted with the gentlemen who make these attacks. We know just who they are and what they wish to attain, and the weight they have in the communities in which they reside. If they have more weight with gentlemen in other localities, it comes only from that enchantment which distance always lends.

The attacks, as you are all aware, originated in a body in New York, called the "Neurological Society," and from a paper read there some years ago, this great "reform" has spread. It was my privilege to have been a member of that society previous to that attack; as it was also my privilege immediately thereafter to resign. I was present at the meeting at which this paper was read.

In order that you may have some idea of the importance and numerical strength of that society, I will tell you that there were just thirteen persons in the room, at least three of whom were not members of the society; and of whom others, including myself, were not entirely in sympathy with the views of that paper. In fact, when it became necessary for the chairman to make the appointment of a committee of three to carry out the objects of the paper, he named one gentleman who got up and said he could not very well serve, as he did not belong to the society.

There are, Mr. President, some four thousand physicians in New York and the surrounding cities. I think you can count upon the fingers, perhaps of one hand, the members of the profession who have taken any active part in this crusade; and of those whom you can count, you may judge something of their bias and of their importance when I tell you that one of them, the vice president of this august body of which I have spoken, was a rejected applicant for place at half a dozen asylums; who consequently formed the conclusion that there was something rotten within these asylums

that he should reform. If any member thinks it desirable to silence him, he might offer him a position.

Another, of equally exalted rank, revealed a possible personal interest when he told a gentleman, whose signature he solicited, that the result of the movement might be to secure a position in an asylum for himself; and of the few who remain two or three are practitioners who treat the insane at their own homes, and who are, not unnaturally, strong advocates for home treatment for the insane.

Any agitation regarding the management of insane asylums which begets a temporary fear or distrust upon the part of those who have insane relatives, and a consequent retention of the latter at their homes, brings so much grist to the mills of these gentlemen. I do not, for one, propose to constitute myself an advertising bureau in their service.

It is true that the persons of whom I have spoken, sensible of their own want of standing with the community, have, by one device and another, attracted to their standard a few whom they thought capable of strengthening their position, and naturally these accessions have been less from the ranks of their own profession, where they are known, than from among the laity.

Perhaps the most prominent of their allies, thus gained, is Mr. Dorman B. Eaton, to whom Dr. Everts has in his paper particularly referred. I shall tell you a little incident in regard to that gentleman's attacks upon the asylums, and leave Dr. Everts and yourselves to judge what force should attach to his utterances, and how much is to be gained by trying to meet them in a fair and manly way. I am not personally acquainted with Mr. Eaton, nor have I, to my knowledge, ever seen him; but I am told that he is a gentleman, who having in his younger days performed valuable public service, has reached now an age and a frame of mind when he takes upon himself the rôle of a common scold, and generally behaves as though the whole world had been laid at his feet with the injunction—"O, reform it altogether."

There had been a hearing before a committee of the State Senate, appointed to investigate the management of insane asylums, and an employé of the Ward's Island Asylum, who had been in the service long before I assumed charge, saw fit to make a comparison between the management at the time of his appointment and of his testimony. This comparison happened to be complimentary to the present management, and he incidentally cited a very undesirable condition of affairs as existing a number of years

before, but now entirely abolished. Now this was not at all the material that Mr. Eaton and his *confrères* wanted; according to them, there was no improvement and nothing that was not bad—so if Mr. Eaton had read the testimony aright, he would doubtless have quietly ignored it, but by some singular mistake or accident, or lapse of memory or something, for of course Mr. Eaton would not willfully distort or garble, the testimony was so transformed that it was made to come from myself instead of the employé, to apply to the period of my own administration instead of that of a remote predecessor, and so became very fair evidence in favor of the urgent need of reform, and consequently such as Mr. Dorman B. Eaton could use without affecting his conscientious scruples against saying anything at all favorable to the asylums or their officers.

I was foolish enough to do upon that one occasion what Dr. Everts suggests might perhaps be oftener done—to meet the attack in a less formal way than simply before legally constituted bodies. I shall not do it again; and I leave you to judge whether or no I am right. I thought that Mr. Eaton differed from his associates sufficiently to make an appeal to his sense of justice and fair play practicable, and I wrote to him as follows, forwarding my letter only after submitting it to the commissioners of my department for their approval:

NEW YORK, April 16, 1881.

Dorman B. Eaton, Esq.:

My Dear Sir: I saw, yesterday, for the first time, an article in the *North American Review* for last month, over your signature, in which the following paragraph occurs:

“Only last week the present Superintendent of the Ward’s Island Asylum gave this testimony before the committee just referred to: ‘When I came on the Island, I was more afraid of the keepers than the lunatics. The keepers were mostly shoulder-hitters, and they made a regular slaughter-house of the place.’”

In view of the possible existence in the peculiar code of asylum assailants of some Statute of Limitations under which a falsehood becomes equivalent to the truth if uncontradicted for a certain period, will you permit “the present Superintendent of the Ward’s Island Asylum” to say to you that neither “last week” nor at any other time, neither “before the committee just referred to” (that of the State Senate) nor in any other presence, did he use the words which you put into his mouth, or any others convey-

ing in the remotest degree the same meaning, actual or colorable, express or implied; and that what was said of this nature was by quite a different person and with reference to quite a different period. I do not assert or assume that the falsehood is your own; certain persons for certain personal reasons, have put in circulation malicious fabrications regarding the management of insane asylums, and feeling that their own names would rather discredit than strengthen their charges, they have sought the weight of other and better names, whose owners have been prejudicial enough or weak enough to lend them without due investigation. It has been in some such way as this, probably, that you have been led to father a deliberate and ingenious misstatement. I may be mistaken, but it seems to me that a moral obligation rests upon the man who is anxious to say hard things of another, to first make sure that they are true things as well as hard, and when he avoids obvious and accessible means of enquiry, it appears as though he were too anxious to say the hard things to be willing to run the risk of learning that they are untrue.

The asylum on Ward's Island is within an hour's journey of your office, and access to it, and ample opportunity of examining it, could have been obtained at any time. They are still available, and though you will scarcely, after this letter, view the asylum with any lessening of the prejudice which you have so plainly shown, I do not doubt that you will be forced to the conviction, though not perhaps to the admission, that much else that you have said is, as regards it, as unfounded as the particular assertion which I have herein corrected.

Your obedient servant,

A. E. MACDONALD,

Medical Superintendent.

Mr. Eaton's answer was as follows:

2 EAST TWENTY-NINTH STREET,
NEW YORK, April 20, 1881.

My Dear Sir: Yours of the 16th was received last evening. I am never willing to do any man injustice, and shall always be glad to make redress for any wrong I may have inadvertently done. The language referred to by you was reported as a part of the testimony in a morning journal, (I am almost certain it was the *Times*), of the day after it was taken. I had interviews with two of the Senate Committee, and satisfied myself that it was reliable. There was wish to say any hard thing. (So in the letter. Mr.

Eaton probably meant to say "there was *no* wish, &c.," but strict accuracy is perhaps subserved by the omission.)

Going to the Island would not show me what was said before the committee surely. I regret that I have not kept the paper; but I am certain the language to be there given and I never saw any correction of it, though I am a regular reader of the *Times*.

It is very likely the testimony was given by the out-warden instead of the superintendent, (since I do not question your declarations), and that I or the editor may have inadvertently attributed it to the wrong official.

If you have suffered injustice, in that particular, which I can remedy, I shall be glad to do so, as you may suggest.

I then believed, as I now do, though only on the basis of general information, that the administration of the asylum had improved under your charge.

My first draft, I think, directly suggested that fact, but it was not material to state, and the facts I had at hand did not warrant a volunteer statement to that effect.

If you will look a little more calmly at what I did say, you will see that it carries a strong inference for improvement. No man can read it without the idea that things are now better, and that the writer of the article was willing that inference should be drawn. Hoping, therefore, you may think better of my motives and of my care in writing, I am,

Your obedient servant,

To Dr. MACDONALD.

D. B. EATON.

I at once carefully examined again all the newspaper accounts of the committee's investigation, and found that in no one of them was the testimony quoted ascribed to me, and that the *Times* was especially far from doing so, as it gave the name of the witness in full more than once, "Cyrus Pearsall" and "A. E. Macdonald" ought not to be absolutely indistinguishable.

Two months have passed, and I have seen no outward manifestation of the spirit of unwillingness to do any man injustice, of which Mr. Dorman B. Eaton eloquently writes—nor has he accepted my invitation to visit the asylum, though he has found time to go to one more remote—that at Flatbush, and to adopt and disseminate the cheerful little fiction regarding it as to the total abolition of restraint apparatus. So that I am considerably strengthened in my belief that there is nothing to be gained by following our accusers into places where we are not bound to

meet them, and where ordinary rules of justice and decency do not prevail.

When they have had the temerity to assail us where we could properly reply, we have met them very promptly, and I think very conclusively. Two years ago they were given the amplest opportunity of substantiating their accusations before a Senate Committee, and they entirely failed and drew upon themselves a scathing rebuke from the committee, upon which they immediately turned round and abused *it*. Another committee has been sitting during the past winter, and has asked leave to defer its report for another year, so that at least it can not have found need for immediate and radical reform.

I am, for myself, content to leave matters with such committees, and to such and other legitimate means of enquiry and defence. To follow our accusers into the newspapers and elsewhere is to give them what they most desire—notoriety, recognition. They are like the man who thought he had gained in social standing because he had been kicked by George the Fourth.

You may judge of the importance that is attached to these gentlemen, and their assertions in the community where they are best known, by seeing what they have accomplished. If they have had any weight it has been in places where they are not known—in Wisconsin or Pennsylvania, not in New York. For one I certainly do not admit that it is incumbent upon us to leave the positions to which the public has elevated us, and to go down to meet every Tom, Dick and Harry who chooses to throw mud at us.

Dr. J. STRONG, of Cleveland, Ohio, said: Dr. Macdonald has nearly spoiled what I designed to say on this question. I had supposed that Mr. Dorman B. Eaton was a man of more consequence and sense than he is willing to concede to him. The Doctor has personal knowledge of the man, while I have only impressions of him which I have gathered from his writings. Mr. Eaton is certainly a man of considerable prestige in some respects. He was selected by the general government, a few years ago, as one of a committee to examine into, and report upon a plan to reform and reorganize the civil service of the United States.

It has been claimed here that the article of Mr. Eaton on the "Despotism of Superintendents of Asylums for the Insane" refers principally to those in the State of New York. Now there happen to be several asylums for the insane in this country outside of the State of New York. He chose a literary publication of large circulation and wide reputation, as an instrument of attack on the

American system of treating the insane, generally accompanied with unworthy and untruthful thrusts at superintendents of our insane asylums in particular. Poison does not always antidote itself. I do not believe that such a tirade, although to some the *animus* of the writer may be apparent, should be passed by unnoticed. When the article in the *North American Review* first appeared, I could but look upon it as one of those literary assaults that was connived in blissful ignorance of the subject discussed, strongly tinged with a fanatical hue, and couched in the language of charlatanism. I rejoice that Dr. Everts has pricked the bubble and exposed the hollowness of the article in question. We must remember that almost everybody reads now-a-days, and it is but just and fair that both sides should be presented to the reading public; that the antidote should follow the poison, and in this particular instance Dr. Everts has most effectually done so, and I thank him for it.

Now these efforts on the part of pseudo-reformers, as previously remarked, do not always antidote themselves. They do, to a certain extent, exert an unwholesome influence on the public mind. They tend to weaken the public faith in our asylums, and thereby impair their usefulness. The dissemination of such views as those contained in the article of Mr. Eaton, has the effect to strengthen prejudice in the minds of those who are already too prone to indulge in unfounded reflections, and uncharitable feelings toward asylums. The true philanthropist will do all in his power to enlighten the public mind in relation to the high and holy mission of our asylums, and will use his utmost endeavors to neutralize and correct tendencies to erroneous opinions held in regard to them.

The charlatan on the other hand, too frequently, as in the present instance, aims to use popular prejudice and credulity to promote and carry forward his mischievous work. As a practical illustration of the evil which flows from these wicked tirades against asylums—based sometimes on ignorance and sometimes on malice—let me refer to the very frequent hesitation of friends of the insane to send the latter early to an asylum. Now whatever tends to weaken public confidence in asylums, strengthens this feeling of hesitation of friends of the insane to place the latter promptly under asylum treatment which may offer the only means of recovery. I need not stop here to dwell upon the priceless advantages of early asylum treatment. I desire rather to refer to those obstacles which stand in the way of early treatment, and hint at the responsibility of those who are instrumental in creating such obstacles.

Dr. GUNDRY. Mr. President, I did not have the pleasure of hearing the paper of my friend, Dr. Everts, and I shall not allude to it at all in what I have to say, except in regard to one or two things said since. I heard Dr. Workman's paper, and to that I briefly address myself. I am very thoroughly of the views there expressed, and possibly, with one exception, I might adopt them as my own. I believe that the best means of reform is to let the light into every place. However much it may cause a temporary depression in our case, it will eventually result in a greater and more favorable movement in our behalf. All advance movements are met with walls of stone before the great asylums themselves. We do not make progress in this. We are, by straight lines or by curves, going backwards, and I recently overheard an intelligent friend make a remark to this effect. It is the one great obstacle in our profession. He had only just been appointed to an asylum. It is only from the fact of going out and looking in, that we get the views of others, and it was this fact that enabled him to make this expression.

All reform in asylums came over to the United States through the unobtrusive action of Tuke, and it is to Tuke, really, that we owe all the improvements in management which have come down to us. It has simply been improving and developing the germinal seed that he deposited. It is all very well to recognize the great claims of Pinel and others, but we can not avoid recognizing the efforts of the family of Tukes. They were called to them by certain language of a persistent member before the House of Commons. So it will not do to argue that the efficacious reforms came from within, when, in fact, the greatest reforms have come from without.

The one point which I wish to speak mostly to, of the subjects to which Dr. Workman alluded, is the necessity of governmental inspection. Now, do not be carried away with fears. First, I see the governmental inspector present, and I shall use the liberty of speaking of him as I would not if he were absent. The inspectorship in Canada is not that which is required by our hospitals, because the inspector of hospitals here has also the management combined in the same person. That is an essential difference. The inspector of Canadian institutions is the substitute of the boards of management throughout the United States. It is not as in Ohio, where each institution is under a separate board of trustees. Now, if they were all transferred to one board, that board stands in the same relation that the inspector of asylums and in-

stitutions does in Canada. In addition to that, they were subordinate and responsible to the people. By laws, or some cabinet procedure, he is responsible to the State. I believe that is a fair statement. The plan has worked well, and it was claimed, yesterday, that it enabled them, and no doubt it does enable them, to be free from certain political influences, and to be rid of a great many anomalies that are found in some United States institutions. If the Canadian institutions are free from all such embarrassments, they are to be congratulated that they have had the small pox of politics; but having got through, it is hardly fair to fire at us, who are working through it with the virus among us. Some of them will hardly acknowledge that they have had it, but I will show them that they have, to my certain knowledge. But the point I wish to speak upon, is governmental inspection. By governmental, I mean rising from the government. That is the most certain to be popular in this region. What I wish to say is just this. Some boards are constituted with the idea of prominence, having no connection with the management of the institution, having no power to alter errors of judgment, and no power to inspect, rigidly, every inmate in the institution, or the inmate of every family who has insane there, not having the right to report, or the right to remedy an abuse which exists, by bringing it before the notice of the party or parties who have the authority or power to remedy it. Of course, there are instances where they should have no power in themselves.

Now, I contend that a board properly constituted of men of business experience, medicine and law combined, of such character as would command the respect of all the good citizens of the State, would stand as a bulwark between the patients and the public. It would be a source of protection, really, for the superintendents. The first protection is from that called political influence. I amused myself, when the gentleman was speaking, by recounting, in my memory, all the names of the gentlemen, in the course of my career, who have served as superintendents of hospitals in one State. I found that twenty-seven superintendents have served in the five hospitals of one State, during the time I have been connected with this specialty; that there are now living, thirteen superintendents.

DR. GRAY. Name the State.

DR. GUNDRY. No, sir. I am not going to name anything—that there are thirteen ex-superintendents now living of one State who have been in active service. I beg pardon there are fourteen

ex-superintendents on the roll. In one case the board of trustees deliberately said that "the reason we succeed you in the office of superintendent, which we do to-day, is that in this State it has been the custom of both parties to fill these positions with persons in harmony with the political party in power," and closing with the statement that "we are most sincerely your friends and well-wishers," etc.

Now that affects one man, but the principle affects all men. What protection would that be to the man who succeeded the man who was the recipient of that letter? If all the best men in the world came, they have to displace the man who had served the State long and faithfully. That is a general statement. Now in order to make up a statement that the State has suffered no loss, these men, personal friends of the gentleman to whom they wrote the letter, must necessarily be biased in favor of the man whom they had put in the position; and therefore any controversy arising, they would be utterly powerless to stem the tide of public opinion and be bound by a course proper and right. They would be biased to a certain extent.

Take another case. Suppose trustees, and remember that it is not in every State that trustees of the highest character, both morally and pecuniarily, are always obtained, that in some States we get men who are engaged in the business of making money, etc., and not unfrequently bring them from pursuits which make it desirable for them that they should be brought in connection with the institution for the opportunities afforded. Now suppose a majority of such trustees with a friend as superintendent, whereby on the one hand you could have the trustees, and on the other the laws carried out and respected by the chief medical officer, would it be surprising to generate in the minds of such men a prejudice against this person with whom they are mingling, or that the other trustees could not devise a plan by which that man could be got rid of? Then if a change is made what protection is there to the person who succeeds? There is none I am sorry to say.

A gentleman, one of our body, was unfortunate enough to be connected politically with a very aspiring and able man. That gentleman unfortunately received the votes of a body for a very high office, for which another gentleman holding the executive department was an aspirant. It so happened that living in the same State was an old gentleman who had long desired and panted for the place which this man had long occupied in the asylum. It also so happened that this old man had some political influence,

and he had worked it up for this gentleman who was defeated for this high position in the national councils. And presto, things changed. A vacancy occurred in the board of trustees, and it was filled up so that the gentleman who had not failed in his efforts for his friend, so far as the high position was concerned, was displaced by the gentleman who worked for the unsuccessful competitor. What help to the board can such a man be, or to those who put him there? By and by he is shriveled and cast aside as asleep and worthless. I am not going to attack any person, I am leaving out names, but I stand here personally responsible for every statement I make.

Of course all I am talking about refers principally to State institutions. There is a class of incorporated institutions also which, in my opinion, requires the same supervision and the same power to manage as any State institution of the country. There are but two institutions that I will refer to that I make an exception of, the Pennsylvania Hospital for the Insane in Philadelphia, under the care of Dr. Kirkbride, and the Friends' Asylum. They are so intimately connected with a large and influential body of religious men, and their boards are so largely composed of the best of that honorable sect, that really the society itself stands in a certain degree as a wall around them; and there is a consciousness of the fact that nothing irregular or wrong in these institutions could be kept one moment, if suspected or thought of, by the members of that body, without being discovered and corrected; and hence these institutions have, as a wall of fire, that which protects them against any vile imaginings that may be carried among good thinking people. What the Society of Friends have and enjoy is a power which I think a State board of inspectors ought to have, and we have more necessity for it than the Society of Friends. The management that they have, the power and the possibility of protection, is what I contend for in the breast of the inspector in every State in our Union. I personally would greatly prefer a national board, but I am well aware that it would be impossible for one board to inspect all properly, and that it would be necessary to have a number of boards, to have the work done properly and thoroughly, remembering that in every institution the insane ought to be looked after, and properly treated, fed and cared for. Then there are private institutions, and persons treated at the homes of others, and in poor-houses persons away from the observation of society, who should come under the protection of such a board as I speak of. I am aware that it will add to the

expense, but it will add to the protection of the insane, and it will add greatly to the protection of those who have the care of the insane in our institutions.

Now, there are certain objections, of course, to all this. It may be urged that "the stream can not rise higher than its source," that in new countries and new conditions of society, you will not be able to get that which you have in some of the old societies and communities. Nevertheless—and this is frequently answered and frequently charged—it is surprising how the back is fitted to the burden, and how people who at first are thought inadequate to the position or to the office, actually do far more in practice, and do their duty more freely than we could expect. In these new States we would have a number with the interests of society at heart—men who would soon become accustomed to their duties, and do them just as thoroughly as the most highly educated people of this country. When we are apprehensive of danger of mistakes to be made by others, it is just as well to look and see if we have not made some of the same color, and whether we have not produced some of the same feeling that we censure.

None of us are agreed, probably, as to the mode in which reform should be carried out, or developed, as some choose to call it, or how it should be carried out in our institutions. Some have larger liberty than others. Each may have his individual opinion, and each is entitled to a respectful consideration of that opinion. We, as you know, are a staid and selfish race. We have no organ to represent us, or we are represented by an organ which is owned and controlled by one institution. That journal, being the only journal published, until recently, is, to some extent, considered the organ of the Association. It unfortunately happens that it has assailants, and, therefore, we have the anomaly, how it comes that Utica politics should assume such prominence, both in asylum circles and in the councils of the State and nation. Now, I say that is unfortunate, because we do not all wish to be held responsible for the opinions of that organ, or the editors of that paper. The editors of that paper have a perfect right to state what views they choose. They have a perfect right to adopt any one of them and when they choose; but it strikes me some of the methods they use are hurtful to this body.

The charge is that we are obstructionists. They may think something like this: Remarks of members of the Association meetings are published in that journal, and published for the Association. *Ergo*, it is the organ of the Association. It is false

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logic when it is known that the very reverse are the views of our people. It is not the fair thing to send out matter through the world as conclusive where there are different experiences on the subject close at home. It is just that sort of thing that gives a color to the charge of these people, that we are obstructionists, when the only journal at all identified with us deems it best to do this, and occasionally other things in the same way.

New reforms are of two kinds, conservative and destructive. It is well always to look about and see wherein we can set our houses in better order, and there to make conservative reforms, which act upon the principle both of acting upon new laws which are good, and of referring to the principles which have held heretofore. If we do not act thus in the nature of God's providences, we do not accept conservative reforms. Destructive reforms cut up and sweep away both the good and the bad, until after a season the dry land appears, and a harvest is reaped again. It is for this reason that I have made my remarks so extended. I do not shout "Great is Diana of the Ephesians" by any means; but I wish to say that we should each look into the whole truth, and practice it in our lives. The best sort of reform is that made from within, and if we all do that, I do not think it matters who attacks us—whether it be the highest or the lowest. I think it better we should be sure of our foundations before we attempt to rout the supposed enemy, especially as that enemy has taken the offensive. We can bear everything as long as we can say we have never blushed before.

DR. GRAY. Mr. President and Members of the Association: In regard to the paper of Dr. Everts, which has been sufficiently discussed, the fact that I was named in the paper or referred to as a person representing the typical element of this Association, as a superintendent, might make it seem proper that I should say nothing in regard to it. It is a fact that, thus far in the history of these assailments that have been made—if they are to be called assailments—or proclamations of reform—if they are to be so designated—I have never uttered a word or made a comment. It might seem proper that I should still be silent. Dr. Macdonald has said that he knows these persons from whom the quotations are made by Dr. Everts, and who originated the attacks on asylums—or most of them—and he has given you his estimate of their character and qualifications. I have never had the personal acquaintance of Mr. Eaton, and he has never been at the asylum. Few of the persons referred to or who constitute the circle or class

to which Dr. Everts and Dr. Macdonald have especially referred, have ever been inside of the institution at Utica. Mr. Eaton, their spokesman, has never addressed a line to me on any subject, and I have never had any correspondence with any of them. I therefore only know them by what I have seen in the newspapers or in the pamphlets and various circulars received from time to time, and these, I confess, have been many. I stand here to say that I have never seen a statement from these persons in any of the newspapers or in any pamphlets that I have ever received from any of them, that has ever suggested a new or valuable idea. What they have uttered of truth, touching asylum management, &c., has been the rewording of what was already well known to men of experience, or already incorporated, either in the laws, or in the rules and regulations of institutions, or in the published propositions of this Association. No advice that they have ever given me, I can safely say, is worth the paper on which it is written. What they have said in regard to me, personally, is on record as they wish it, and there may rest, as far as I am concerned. What is important and valuable for the public to know, concerning the organization and government of the State asylums, may be found incorporated in the statutes and in the by-laws which are authorized by the statutes. Apart from the personal attacks, the fault-finding and complaints have been largely directed against the lunacy laws and the regulations organizing and governing the State institutions. The general remarks of my friend Dr. Gundry, in regard to "asylum reforms," "favorable movements in our behalf," etc., and "walls of stone" as against advancement, can not apply to the State of New York, for the statutes and regulations there contain no provisions and lack no guarantees which would justify any such inference. He was evidently speaking from experience, unless he was iterating simply the sentiments of those to whom Dr. Everts has referred, and those of whom he himself speaks when he reminds the Association that "they" have the advantage of being on the offensive. Who are "they?" The "supposed enemy that has taken the offensive," and who charged "that we are obstructionists?" He knows them and he knows what they think of us. It is true in his arraignment he did not seem to like to mention the names of States or persons, but after all he mentioned himself, at least by implication, as one of the many who had suffered, and he fairly disclosed what State he had in his mind—that State being Ohio, where the Association of "Protection" to which Dr. Everts

has referred was christened, if not born. Notwithstanding the concealment of names I insist, by this very fact he has intimated, that the evils he suggested or hinted at were more widely spread than the State of Ohio alone. His intimation is that we of the Association ought to answer their complaints whether the things they propose have any real substance or not, and ought to welcome them. He shakes his head at this. I claim and will here say that only such things as require answer should be so met. Mere assertions should not be met by argument. Until something is said having substance we need no argument, and we know that even one of a certain class of persons is said to be wiser than ten men who can render a reason. But mere assertions and personal attacks are not worthy of argument, and no gentleman is going to defend himself against such general detraction. The man who gives himself up to personalities and detraction and envy; who makes these the basis of any proposition of reform or conceals them behind propositions of reform, places himself beyond the pale of reputable criticism, and should be left to himself without argument or answer, where he will die under the weight of his own defamatory work, sooner or later. As far as the truth goes we accept it, but, gentlemen, I have never felt that in any of the personal assailments of myself, there was any real arraignment of this Association. I have never felt it my duty to drag anything relating to myself into this Association, or into the *JOURNAL*, to which Dr. Gundry has alluded. This Association is a body not especially concerned in any individual; a body that consists to be sure of individuals, but only as they represent official life and action and offices. It is always concerned primarily with the good management of all the institutions of this great country of America, that includes the Dominion of Ontario in which we now are. It does not intend, therefore, either to build up or to drag down, or to defend the mere personal interests of men. It has to do with superintendents in their public duties and capacities; it has to do with the laws which govern these institutions and the great principles which underlie them. It has done great and good work in organizing a wise and humane system, and in laying down rules and laws for the founding and government of institutions. Its first work was the bringing together men of experience and the formulation of scattered knowledge into definite propositions for discussion and guidance. These propositions containing the united experience of the men who were charged with the care of the asylums, public and private, have been added to from time to

time. As Dr. Hughes has forcibly said, the great work of reform and advancement has been the work of the men of this Association. They commenced with the problem of organization under the illumination of experience, and not the mere vagaries of imagination and these men—the fathers whom Dr. Workman has so eloquently brought before us in his admirable memoir, were not visionaries or idlers; they were great practical men who organized a system, and at the outset laid down a series of propositions upon which to base their action and their efforts for genuine reform, which embraced the elevation and amelioration of the condition of the insane; and history will clearly show that nearly all the steps of real progress in this great cause were the results of consultation and discussion in their annual meetings. Since that time, from year to year, as experience has taught us their work has been enlarged, and the series of propositions and special resolutions of this body stand now to-day untouched by the sophistry of a single one of all the would-be reformers. My friend Dr. Gundry shakes his head. I repeat, not a single proposition has been gainsaid or overturned. They stand to-day above all contradiction as a part of the constitution, so to speak, of this body, and they are interwoven as a part of the fabric of our laws and their practical application is felt in all parts of the country.

Now in regard to one point. I shall dismiss all that relates to personal defense in reference to anything contained in Dr. Everts' paper, or in regard to anything that may have been said here. I do this especially because of being mentioned from beginning to end as the representative object of these attacks. I do not complain of this on the part of Dr. Everts. This personality is not his work. He has merely reproduced, in a collected way, samples of what has been uttered by others. It is only a reproduction, a condensation of the utterances of a class of men who for a time hold themselves in the public view, and I have nothing further to say about them. Their utterances are not new to me or to any of us. We have heard them *in extenso*, and the ideas repeated in all forms of expression and in all sorts of places. They have produced and reproduced each other's utterances, so as to make themselves as numerous and universal as possible. They have been given a circulation far and wide in every direction, and I am willing to take the consequences of leaving them where they are.

However, I will address myself to some points involved in the paper read by Dr. Workman, and to the remarks of Dr. Gundry, who seems, for the present, to stand as an apologist for complaints

which have been made from time to time against this Association and asylums generally. Dr. Everts' paper goes to show that these "reformers" are inimical to this Association, and their statements misrepresent its expressed and recorded views.

The question in regard to the organization of asylums and the laws which govern them, as well as their character, the modes of appointment of officers and all management, inspection, visitation and internal administration, are legitimate matters of discussion, and Dr. Workman has clearly brought out the Canadian system, and I shall examine the question of the application of the Canadian and English systems, so far, at least, as the State of New York is concerned.

Now, inspection, Dr. Gundry seems to intimate, would have saved the State he referred to. He shakes his head. I agree with him; but his language, I think, would bear the signification. He has asserted "political control" and "improper trustees" as the evils which have prevailed there. What, I ask him, then, is the element of reform which would have saved the twenty-eight revolutions in a single State in a few years? He has not given us the key to this extraordinary State policy, but we should heed the lesson which it teaches us, to guard against a similar evil in any other State. If we should refuse to take such a lesson from any quarter, we should indeed be blind and unwise. Let him show us how such evils came about, and what has led that State into such a system of government so unwise and short-sighted. Let him admit the light into that darkness. This Association is not responsible for that State or its policy, or the policy or politics of any State. That is a style of government supervision with a vengeance; and the vengeance falls, as Dr. Gundry has so feelingly described, alike on the faithful and on the faithless. This is reform from without.

But we are told that all the evils that Dr. Gundry and others have referred to, are avoided in England; that all we have to do is to adopt her laws and her methods, and be at peace; that she is far ahead of us with her code of wise laws and wholesome regulations that move her charities like clockwork; that her system combines such power and means of inspection and inspectors, that the institutions move serenely along without let or hindrance or the trouble of legislation or legislative investigations, or any public challenge of their fitness or work. Is this so?

DR. GUNDRY. Nobody said that.

DR. GRAY. I do not say you did. Such, however, has been the

tenor of the advice from the "reformers," to whom your remarks point. Gentlemen, it would be illusive to take refuge in English methods against such men. The same class of malcontents are in England as here, and the same kind of protection societies and perturbators. Dr. Gundry has referred to Mr. Eaton's efforts, for though he says he does not intend to give names, still he certainly gives Mr. Eaton's figures of speech; of walls of stone and hedges in—about asylums—therefore, he has really referred, by implication, to New York, and by inference, we may assume that he believes in agitation there. Certainly, reform, however needed, has not begun in the State Dr. Gundry refers to, unless it consists in turning the wheel with the twenty-seven superintendents in the hopper, and the man who is safest comes out last. [Laughter.] He does not refer to that State by name, however.

Dr. GUNDRY. I did not refer to New York, at all.

Dr. GRAY. Then I will.

Dr. GUNDRY. I simply mentioned the JOURNAL.

Dr. GRAY. The JOURNAL will take care of itself. In the State of New York is where Dr. Everts paper locates the *nidus* or the Hades—call it what you choose—from whence radiate the "reformers." That we, in New York, have the choice central spirits, and that they are the ones we should have wooed to quiet, by argument. Alas, argument! Why not say place? It is said that they have called and we have not answered; that we have rejected these philanthropists who were endeavoring to cast a gentle mantle of shelter over all superintendents, and who meant no evil; wished only to inaugurate a great reform in our behalf; that we have actually ignored them. So the Association has, and with wisdom, might do so still. As I have before said, they have not presented anything, as yet, for this Association to consider; have not suggested anything new, or that has not been discussed in this body over and over. What *work* have they themselves done on which to claim a hearing? New York was the field for commencing operations, which were then to extend into all the States, although managers were not political speculators and superintendents in that State, had not been turned out over and over again, as in the State formerly referred to. From their representations, it would seem that the public were blind; that they could not see the great wrongs committed; that by some sort of magic the people had been lulled into a security which was false; that the superintendents had thrown a glamor over everything, so that the people did not care for the evils, and therefore the officials were

allowed to remain and go on unchecked in their iniquitous wrongs; that they were so secure that no charges could affect them; that the institutions were so inclosed and secluded that no persons could even peep into the windows; that they were so privately fortified that they could not be overcome; that there was a ring encircling and holding this accumulated power and influence. Into this ring only the chosen were admitted, while the empty-stomached outsiders, anxious and weary in waiting and hoping, were all uncomfortable and unhappy because kept away. [Laughter.] In this ring were included all asylum authorities, all the numerous managers who were in and all who went in from time to time—they were all changed at once into adherents and ring men the moment they were brought within this strange and mysterious influence. (I see one of them, Mr. Ogden, of the Willard Asylum, here.) This magic power extended to any who received appointments, no matter what their former position or influence or character or place in State affairs or society. To be sure the managers were amongst the most reputable men of the State, occupying the high places, judges, lawyers, physicians, bankers, presidents of railroads, men of business and of all affairs; but they at once, when brought within this magic influence of this ring, were transformed. Furthermore, the moment the Legislature took hold of the matter of insanity and asylums, and the members tried to comprehend this same question, they also became infatuated in the same way. Who was the magician? What was the magic wand that did all this? The magician was the law and the wand was truth and justice. It was the completeness of the law, and the untruthfulness of the defamatory assertions. [Applause.] Truth, with its illumination standing in contrast with misrepresentation, ignorance, malice. The law, with its embodiment of wise, just and humane provisions against the foolish utterances of theorists and malcontents; New York law: "feeble and incongruous!" Can you set argument against words? It would only be beating the air. It was no man and no set of men that thwarted these evil efforts. When pointed out they fell of their own weakness. When legislators came to look at what the law really was, and what the practice really was, under the law, and came to inquire into the declarations of the assailants, they saw that their assertions were without foundation. That is all there was of it.

We now come to the question of inspection. Dr. Workman has very clearly set forth what the inspection and government of the Canadian institutions consists in. Dr. Gundry declares that this

would satisfy him. He also admits and even declares that the powers and duties of the General Inspector of Canada, Mr. Langmuir, is simply the power and duties conferred upon boards of managers in certain of the States. No one has objected to inspection, and there is really no essential difference between the Canadian system and that of New York. (I do not represent other States here.) In Canada the inspector is the appointed agent and representative of the government in managing, visiting and more or less moulding the government of the institutions. Acting thus in an advisory way with the superintendents in a common effort, and stimulating them by coöperative government aid in all their work.

The boards of managers in the State of New York represent the same power. The government of the State asylums is by special statute "vested in the board of managers;" that is, each institution has a board charged with the complete government, inspection and visitation. Surely we have in New York, therefore, a body of inspectors in the very sense in which Dr. Workman has represented them in his paper, equal to all our needs. We have sixty men as managers and inspectors of the State asylums, and I will say here in regard to this that you can not take one out of them and put the stain upon him that Dr. Gundry has put upon the managers in the State he alludes to. I have been connected for thirty years with one institution, and I have never heard a word in regard to contracts or politics in the board there whatever the changes have been, nor have I ever heard a trustee or manager suggesting political favoritism, or any favoritism, or the appointment of any one except under the strictest provisions of law.

Dr. GUNDRY. Will the Doctor allow me a single remark? You said the State alluded to was Ohio.

Dr. GRAY. I did not say Ohio. What I did say was that you referred to the State of Ohio.

Dr. GUNDRY. Before the reporters of the press leave I hope the reference to that State will be stricken out, because I drew my inferences from various States. I did not want to and I do not want the Doctor to allow it to refer to any State—so if the reporters will strike that out they will oblige me. If I did seemingly refer to Ohio I did not intend it.

Dr. GRAY. He has referred to something within his personal knowledge or beyond it. If it is within the State of Ohio he has personal knowledge. But whether or not he alluded to that State, such flagrant charges should be located and not asserted to the

disparagement of institutions, and of managers of institutions in all the States. Managers are not here to defend themselves, and besides, I desire to locate his inferences as far as possible. This Association is not for the trial of managers or for the discussion of politics. The managers or management of these great institutions should not be attacked on mere inferences. In every State there is a tribunal for these things and they ought to be there relegated. Innuendo is not letting in the light. But I will apply more fully now what I have said upon this point. I never have had a suggestion for an appointment, from the lowest position to the highest, from the board of managers or any members of it. I have never heard of a ripple towards influencing appointments. The laws are so complete, so plain, and the duties so well defined in regard to everything, every duty, that no man need make a mistake unless he does it without regard to the spirit, or letter of these laws; and the rules and regulations are definite and clear in regard to the respective duties of all officers and all persons employed. So much have I said in regard to managers for the reason that Dr. Gundry has here assailed them, and in this respect has put himself into the shoes of the reformers run mad. I will say more. I take it the rule is about the same over the United States as to boards of managers. Take the State of New York—and I am not afraid to mention my State—these boards are composed of lawyers, doctors, and business men of capacity, in every institution, who are appointed by the Governor and confirmed by the Senate of the State as being suitable persons to assume the trust—for it is a position of trust—the carrying out of the statutes looking after the interests of the State and the welfare of her insane citizens. The service is rendered gratuitously. They report annually to the Legislature and the reports are open to the inspection of legislators, of the Governor, and anybody else who wishes to look at them. These managers are amenable to the Governor as his appointees. He can arrest them in any evil course at any time, bring them before him and suspend them, and the Senate can remove them if they do wrong. Has the law here given no safeguards?

Now as to direct governmental power the Governor can go in person, or send any one to represent him, to any State institution to inspect and inquire. That has been done in the State of New York on the representation of one Chambers, a newspaper correspondent, as we know very well in regard to Bloomingdale, a few years ago; and the Governor did not then confine inquiries to

Bloomington. He ordered the commission to go to every institution in the State, whether there were complaints or not, to see whether any person was improperly confined or detained, or whether there were any wrongs existing to be redressed; that board consisted of Dr. Thomas Hun, of Albany, the Attorney General of the State, General Barlow, and President Anderson, of the Rochester University, who was then President of the State Board of Charities. The profession was ably represented by Dr. Hun, the State in the Attorney General, and the State Board of Charities in its president. That commission went all over the State into every institution, public and private. They were untrammelled and impartial men, but they received no credit from the class of unhappy "reformers" because they found no evils.

Dr. GUNDRY. But from the people they did.

Dr. GRAY. The people had never murmured. Those gentlemen reported to the Legislature, but the cry soon went up from the same class of complainers that somebody had befogged them. Now were those men dependent upon the superintendents of the various institutions or the managers? Had they any of the embarrassments referred to concerning inspection or visitation? No. They went through the institutions with independence and a fearless disregard of everything, except the duties they were to perform under their appointment. But we not only have the Governor with power, but the Comptroller of the State can inquire at any time into the finances of any State institution; can himself visit them and examine, or send any person whom he chooses, just as the inspector of this province can enter any institution. But we have also a special Commissioner in Lunacy, an able lawyer and jurisprudent. He has not been in power for a day, but for seven years. He has visited all the institutions freely and untrammelled, and has made his reports annually to the Legislature. In addition we have the State Board of Charities, which has had among its members such able organizers as Hon. Theodore W. Dwight, of the Law School, Dr. M. B. Anderson, President of Rochester University and Hon. J. V. L. Pruyn. Have they found the statutes "weak and incongruous?"

Now it is not to the discredit of the institutions of the State of New York, or to the provisions of these statutes, that these officers have not turned things upside down every time a clamor is made, or some one wants a place as in the case stated by Dr. Gundry. But apart from all this the institutions are all under the immediate control of the Legislature; they are in every

sense creatures of the law and the managers are legislative agents to see that the great trust committed to them is properly discharged.

One unfamiliar with the law except as expounded by Mr. Eaton might imagine that no attention had ever been paid to this subject in the State of New York. A few years ago it was thought that as our laws in regard to the insane were scattered over so vast a field—of seventy years or more—that many of those coming into office from time to time throughout the State could not know what the laws were, and the Legislature immediately directed them codified and put into form as a lunacy code, and this was ordered to be done by the Attorney General of the State, then an eminent lawyer and judge or one who had been a judge, and the State Commissioner in Lunacy. This was only as far back as 1874. For those who really wish to be informed there are no obstacles in the way of information. There is no reason for the ignorant and misleading statements as to the statutes of New York which have been made such a bugbear and outcry. There has been no difficulty, on the other hand, either in ascertaining what the system of England is or has been. In her provisions for lunacy, apart from her statutes, by reading the reports and especially those of the Commissioners in Lunacy themselves, the system and practice are readily ascertained. I have long taken an interest in the subject, having read most of the English lunacy reports, and if the Inspector, the Hon. Mr. Langmuir, will allow me to say so, when he was first appointed Inspector for Canada and visited our State in his primary inquiries into the subject, he gave me quite an impetus to the study of the provisions of the English statutes, and I naturally felt interested to know how, in working out the great problem of caring for the insane, we could utilize the experience embodied in the system of England. I found in Great Britain they have not the same laws everywhere. The English law differs from that of Ireland or Scotland; yet they are all on the order of local self-government. They believe as we believe here that people can be found in every part of every great State quite competent to manage their local affairs, and to guard the interests and rights of their citizens whether sane or insane. Dr. Gundry talks about a national board. Why, a national board could not enter States in the management of beneficiary and charitable affairs. The charities of States are their own affairs.

Now, so far as the State of New York has been named, I have a right to speak, and especially as Mr. Eaton has set up New York as the typical State, the laws of which he seems to hold, are enacted for the oppression of the insane, and not for their good. If his accusations against the State of New York are not true, his whole fabric falls to the ground, for he has made that the representative State. I say this, although my friend, Dr. Gundry, shakes his head, and he probably has read the article of Mr. Eaton much more carefully than I have. But the article shows, and certainly Dr. Everts has shown, that Utica was used as the illustration. When Mr. Eaton appeared before the Legislature, heralded by the free distribution of pamphlets and strips of printed matter, setting forth what it was claimed the laws of the State were, and the changes needed, without giving the actual statutes or even quoting from the mass of statutes, he especially endeavored to show that what was lacking was a large body of commissioners like the Lunacy Commission of England, with their powers and their duties and the class of men who there occupied those positions; that short of such a commission and such power and such men, we were a failure, and should not and could not succeed. I also listened to his verbal argument and to the remarks of those with him, and had all taken down. Among the main points put forth was, that in England this large board had great wisdom, and especially power to guard against abuses and to right wrongs; that in the great private and public institutions there, the power lodged in this board had not only an influence that was wonderful by their very majesty, but they had the power of giving speedy redress; on the other hand, that in New York, all this was wanting; the logical inference being that we were weak in all that in which they were strong; that the English board had lawyers for legal affairs, physicians for medical matters and business men for ordinary affairs; the logical inference being that our Managers, Commissioner in Lunacy, &c., were not such men. He failed to say that under the Statutes of New York, no delay is ever necessary; that our laws are such that our courts can be applied to and are always sitting at our very doors; he might have said that in justice and in truth, but he did not. He might also, had he simply opened his eyes to the facts before him, have said that in the several boards of managers of the asylums in New York, we have precisely the same class of men, lawyers, physicians and business men, as there are in the English Com-

mission, but he did not.* Without going specifically into the matter, I might add that when one came to look at his declarations, it was apparent that his representation of the powers and duties of the English Commission was misleading, and it was easy for the Legislature to see by consulting the English Statutes, that they had no such power as he pretended. Lord Shaftesbury, who had been for fifty years at the head of that commission, said, before the Committee of Parliamentary, in 1877, (and could Mr. Eaton have been ignorant of this?) "we, in visiting asylums, have no power at all, except to examine and report." He declared, emphatically, "we have never exercised any authority; we have never had any to exercise, and it would be most inadvisable to give us any authority." His Lordship further declared that in regard to supervision, inspection and visitation of asylums, he would rather increase local authorities, because they had great advantages in knowing the character of the patients, the character of the superintendent, and can judge far better, and added: "Above all things, they have the power in their hands." Was Lord Shaftesbury right, or Mr. Eaton wrong?

The only "incongruous" thing shown by Mr. Eaton was in the act converting the Inebriate Asylum at Binghamton into an asylum for the chronic insane, which, he said, "Gives no sphere of duty whatever to the Commissioner in Lunacy." It is proper to say that this enactment was subsequent to the lunacy code, and while an attack was being made on the State Commissioner in Lunacy—an attempt to obliterate the office.

* "We see, therefore, with what sedulous care this law has provided for the three distinct varieties of experience and ability upon this National Board of Commissioners. Five men of affairs to supply business capacity—three barristers, learned in the law and experienced in the courts of justice, to keep the Board within legal limits—three physicians and surgeons, to supply medical and surgical science and skill. The prestige and capacity which such a body brings to the investigation of lunatic asylums, and the weight which its recommendations naturally carry, must be obvious without more words upon the subject."

"The statutory directions for visitations, inspections and investigations on the part of the Commissioners are in the highest degree stringent and particular, and the power given to make them efficient is most ample. * * * Their power further extends to visitations, inspections and taking effective measures for relief in cases where the insane suffers wrong in jails, work-houses and other places in the kingdom."

"No one can read it without a painful sense of the defective, feeble and incongruous laws of New York upon the same subject."

DORMAN B. EATON.

Touching England's state institutions, in regard to visitations, rules, regulations, &c., the Commissioners have nothing to do with them. Their state institutions, those for the army, for the navy, &c., are visited once a year by the Commissioners, by courtesy, while all the rules and regulations for their government are under the departments which they represent; not made by the Commissioners at all, but by the managing boards, precisely as under the Statutes of New York. But there are certain other institutions called, in English law, asylums, which are the borough and county institutions, similar to our State institutions. Are they organized or managed or controlled by the Commissioners of Lunacy there? Not at all. Those institutions have their own laws and they have their local boards and local visitors, and then they have inspection once a year by the Commissioners, but without power, as the Commissioners say, except to visit and report. They are visited precisely as the institutions of New York are visited by the Commissioner in Lunacy and by the State Board of Charities, and the institutions are governed and controlled by their local or managing boards, just as the State asylums are in New York by the boards of managers. Now, you come to still another class of English institutions, called hospitals for the insane, and I desire to say that I am adhering rigidly to what the law there says, and not to newspapers, these institutions, which are similar to Bloomingdale, New York, and the Pennsylvania Hospital for the Insane, are described as hospital buildings, or part of a hospital or house not being an asylum, where lunatics are received by benevolent contributions in part or in whole, or by charitable bequests, and where some persons pay more than their support, the balance going to the charitable care of all. Here the Commissioners in Lunacy have no control. They visit them just as the Commissioner in Lunacy does in New York, but with a good deal less power than he has. What public institutions have they in England further where insane are kept? They have work-houses, and within the walls of the work-houses of England there are now over 16,000 insane. The Commissioners in Lunacy simply visit them all, but they have no control over them. They are absolutely under the local authorities.* The English statutes do not even require certificates of insanity for the commitment of the insane to these work-houses.

*Lord Shaftesbury says: "In respect to the county asylums and to work-houses we are merely a body to inspect and to report. We have no authority at all except in the special case of finding lunatics therein who ought to be sent to asylums."

Where is all the talk, therefore, about the weakness of New York law, and about the superiority of England over the State of New York? England herself has made no pretensions to this. Now, the work-houses are represented as asylums the same as our city asylums and county asylums may be so represented. They are all independent institutions and governed as local institutions, and they are scattered all through England precisely as the chronic insane poor are in the poor-houses of our States and in our municipal institutions. Now, are we better off or worse off in respect to the supervision or visitation of this class of institutions than England is? We really exercise more State power directly over them than England has yet done over her similar institutions. Why, the local authorities, in the State of New York, the counties, can not take care of the chronic insane among the helpless, ordinary poor as they do in England, without having a license to do so from the State Board of Charities, or a direct legislative permissive act in each case, and our Commissioner in Lunacy must accept the character of the buildings in which they are proposed to be kept by the counties.

Now, in regard to private asylums, Mr. Eaton, before the legislative committee, said: with a great Board of Commissioners, they could regulate the capacity of such institutions and all that sort of thing in England and Wales, while in New York there was no one to look after them. In England and Wales there are about one hundred private institutions. In New York there are not over five, all told, and they contain—leaving out Bloomingdale, an old chartered institution—a mere handful of patients, and these institutions are licensed by the State Commissioner in Lunacy, and visited and inspected by him. Did Mr. Eaton know this? The English Commissioners in Lunacy are charged with the duty of licensing and inspecting certain private asylums, and in some sense representing the interests of the insane poor who are kept within the control of such institutions. For they are allowed to receive pauper insane, and the Statutes of England declare them to be private asylums where private or pauper insane are taken for care and treatment as a speculation by the proprietors. It is but reasonable that the State should step in as a police to guard and protect the civil rights of the patients there, so that when the government has granted this privilege to the citizen of speculative care of its helpless ones their civil rights may, nevertheless, be constantly guarded by the State as represented by these Commissioners. They do not and can not license any insti-

tution beyond thirteen months, and in order to keep that continued watchfulness over them they are visited six times a year, or as often as is necessary, to see that they serve the very purposes for which they were created; but their State institutions and the corporate and borough asylums which are allied to our State and municipal institutions are not regulated by the Commissioners, for all their duties are simply visitorial and advisory, and they are all regulated and governed by the local Commissioners which represent our boards of managers and trustees, and there these boards, justices and visitors of the various places make the appointments precisely as they are made in New York by managers and commissioners. Even the authority of licensing by the English Commissioners in Lunacy is limited to a metropolitan area within seven miles around London, Westminster and Southwark, which does not embrace half the private institutions. Throughout all the rest of England and Wales they are licensed by the justices of the counties or boroughs at quarter or general sessions. Talk about national boards and national interference with States! In England they are such sticklers for local authority that no justice is permitted to visit any institution except that which he has himself licensed. There the Commissioners can not even revoke a license. This can only be done by the Lord Chancellor. Within the metropolitan district the licensed houses receive six visits of the Commissioners. Outside of this district they receive the same number from the local visitors appointed by the justices and two visits a year by the Commissioners, whereas the lunatic hospitals receive but one visit a year from the Commissioners.

Thus it will be seen what respect the English government pays to the principle of local government, in all matters where there is taxation for the support of individuals in her institutions; and also to another great principle of having the real powers that govern and direct her charitable affairs so near the institutions to be governed that they will not only know all about them, but where they can be instantly called in case of emergency.

Why should the New York statutes so resemble the English statutes? The organic law of lunacy of the State of New York to organize its system of State institutions was drawn by some of the ablest lawyers of the State—at the head of these John C. Spencer, assisted by that able jurispudent, Dr. Beck, who was for many years one of the managers of the Utica Asylum. These men did not fail to consult any wholesome provision already in existence in England or elsewhere, and gave them therefore all the safeguards that they

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could. No great changes have been made in the English statutes or in the organization and management of English institutions since that time setting out guarantees for the safety and liberty of the subject or the humane care of the insane that we have not recognized; certainly there are none existent now that outstrip the safeguards provided by the statutes of the State of New York.

In the report of the Parliamentary Committee of 1877, to which allusion has been made, it is declared that New York, in the legislation of 1874, has carefully guarded against improper commitments, and that in no other State besides New York, is the approval of a court, in regard to medical certificates, necessary, thus guaranteeing entire safety and certainty as to medical certificates and their *judicial approval* in the commitment of the insane to her institutions.

Dr. GUNDRY. They made a mistake. There are other States.

Dr. GRAY. I am stating now what the Parliamentary Committee said, as well as talking to the proposition which Dr. Gundry himself urged we were not meeting—the proposition for advancement, for he claimed really that we were going backwards. I desire to show that whatever State is going backwards, New York is not. It may be asked whether the laws of New York really afford the guarantees we claim as to the rights of her citizens. In addition to the fact that the law requires that the certificate shall be made by medical men having certain qualifications, which qualifications are to be approved by a court of record before they can examine an insane person for commitment, the judge or court before approving any certificate, may in his discretion, call a jury to decide as to the insanity. Are rights not guaranteed? But we really may ask is the removal of an insane person to a hospital the taking away of rights? They are sent to institutions simply because they are sick. There is no right taken away permanently. A distinguished justice once said in a case where the question came up as to the right of commitment to an asylum of a wife by her husband: "It is not a right taken away from this woman, but is a right given to her, a right that she shall be treated properly and be defended against her disease and herself." Nevertheless it is eminently proper that the best possible guarantees shall be given by the profession as is done in the State of New York. What are the guarantees that the law demands before a man shall present himself as a medical examiner to commit an insane person in the State of New York? Every physician before he can act as an examiner in lunacy for the commitment of an insane person to any

place is required to be a graduate of some regularly incorporated institution, a citizen of the State, a permanent resident of the State; he shall have practiced at least three years in his profession; he shall be a man of reputable character, and all this shall be shown to the satisfaction of a court of record before such court can certify him as a legal examiner. With the certification of such a record he has the right and authority to examine. Now he must also personally examine the patient, and within a reasonable time before commitment, the law fixing this time within ten days of sending the person to the asylum. But the law goes still further. Unwilling to leave even the form of such certificate to the caprice of the physician it declares that the certificates they sign shall be made in accordance with a form prescribed by the Commissioner in Lunacy, and the medical examiner is not only required to give an opinion setting forth the insanity, but also to state the grounds upon which that opinion rests, in the body of the certificate, and this certificate is required to be under oath, and there must be two of them in every case, and these certificates, as before stated, must have the approval, in writing, of the judge of the county where the patient resides or of a justice of the Supreme Court. Is there any other State that gives such guarantees as to the rights of citizens? Among the important questions which were brought before the Parliamentary Committee already referred to, was that of medical certificates. In England but one certificate is required, and the qualification demanded of the physicians are by no means up to the requirements of the statute of New York, and instead of the judicial approval of the New York certificates the English certificates simply require to be ratified or approved by the Commissioners. On the question of judicial approval Lord Shaftesbury was rather opposed to it, and on the ground that such approval would carry with it the protection of the physician; that he would be protected from prosecution for this professional act by the judge's approval, all of which would be so and very properly. If a medical man is called upon to discharge such an act towards his fellow-man he should be protected, and in fact the large responsibility of commitment of the insane under certificates rests directly with the medical profession, which certainly would not be less careful, anticipating such judicial action.

Now I submit that these points embodied in the statutes of New York represent everything in the British statutes that are of value in the government of institutions and the commitment and detention of persons therein; that all that is beneficial and useful

is represented in the statutes of New York as fully as those in any realm or government in this world. I do not deem it necessary to defend the statutes. They are records to be read by all men if they choose to read. I have said thus much mainly out of compliment to the able paper of my friend, Dr. Workman, and to meet the questions of Dr. Gundry and only incidentally to show that the foundation upon which the assertions of Mr. Eaton and others were made was not sound. Mr. Eaton really answered himself as Dr. Everts has shown.

It is safe to say that had Mr. Eaton and those for whom he was spokesman, and those who appeared with him, been as industrious and persevering in the study of the law, and in informing themselves of the various provisions that really existed touching the institutions, as well as their workings and management, as they were in the opposite direction, in building up their baseless theories and in personal attacks, they might have accomplished some good to themselves if not to others. It was only after Mr. Eaton had failed to impress the Legislature with his representations and interpretations of the statutory provisions of New York, that he resorted to the *North American Review* to pour out his wrath and grievances to a wider audience. However, as Dr. Everts has sufficiently shown, with regard to the pamphleteers generally, the coarse manner of the attack, the crudity of their ideas, and the gross personalities together presented evidence of an animus well calculated to antidote any evil in the minds of unprejudiced and intelligent readers. Still it may be true that the iteration and re-iteration, uncontradicted, of the most baseless scandal may injure institutions, as we know it does the reputations of individuals. Dr. Macdonald has given an illustration of Mr. Eaton's style of inquiry and fairness.

Gentlemen, I have detained you too long. I did not intend to say a word upon this subject and should not have said anything but that the matter was taken up really by our friend Dr. Gundry. Now a word in regard to the JOURNAL OF INSANITY, which seems to disturb him. When it can not take care of itself it will have to go to the wall. [Laughter and applause]. For their own opinions its editors are responsible and not the Association. Members of the Association are responsible for their own utterances. Dr. Gundry has said that it was not the organ of this body. No one has claimed this. It has published for a number of years the official proceedings of the Association under a resolution of this body, and it has faithfully carried out the provisions of that reso-

lution. It has never made a comment upon any part of the proceedings of the Association or upon the remarks of any member therein contained. The editor of the *JOURNAL* is a member of this Association, and has never felt himself hampered in any way by any relations he has held to the *JOURNAL*, and in no instance has he ever dragged it before the Association for favor or disfavor, and he will not be led now into any controversy or any reply to the attempted strictures of Dr. Gundry.

Dr. WORKMAN. I have no desire—having read my paper yesterday—to introduce an apple of discord; but I do not regret now that I did read that paper. It has given me the pleasure of hearing some very eloquent speeches.

I think Dr. Gray's observations tend to confirm what I advanced yesterday in regard to our governmental system of inspection. The difference between Dr. Gray's plan and mine is simply this: Mine would be only the one man power, or it might be two or three for a whole State, while the New York system has a large board of inspection and management for their institutions. The Doctor has certainly proved that the institutions of New York have been well taken care of; and one proof of this is that he has been for thirty years in one institution. Had a different plan existed, and the work of the inspector became a tenure, I think we should have seen a dozen Dr. Grays in Utica since he has been there. I think the more administrative and inspection power the better. I know that our friend Mr. Langmuir, who has for some fourteen years filled the office of inspector, and has now a number of institutions under his care, finds them more efficiently worked than ever and his time most thoroughly taken up. I think, however, it would be much better for him to have an associate. The difference between the criminal insane and insane not criminals, is such that to have the supervision of both devolve upon Mr. Langmuir so different in their character, is not as desirable as it would be to have them separated. I do not think the other institutions of this country should be under the same management as a criminal institution. When the act was being framed for an inspector I wrote to a member of the Assembly relative to the expediency of this. He wrote to me the way matters stood and that he would have voted for it after advocating it the way it then was, but as I was a candidate for the office he certainly would support my suggestion. I did not know that I was a candidate until then.

With regard to the sixty gentlemen who visit and govern the

State institutions in the State of New York, I would ask Dr. Gray if they act as a Board of Inspection.

Dr. GRAY. Each institution has its own board, and the boards vary in number from nine to thirteen. Each institution has on its board the elements necessary for government and inspection—men of financial management, lawyers and physicians.

Dr. WORKMAN. But as I have just said, the best evidence of the efficiency of your system is the permanence of the officials of your State—to which I alluded yesterday, and the same may be said of some of the States of New England. But how is it in the west and southwest? If I should go there next year I should miss half of them; and if after ten years, I do not know that there would be a grease spot left.

Dr. GRAY. In what I have said I only claim that we are fully abreast with the best of them; but I do not by this intend to claim that we are not going to do still better. We know there are always possible elements inherent out of which we may make advancement in perfecting all laws and organization. In these problems of State policy, as in all great social questions, institutions and their organization are matters of growth, and we are not standing still, but we have grown steadily and intend to grow more in every way toward perfection.

Dr. GUNDRY. As I supposed, Dr. Gray does not propose to admit all the powers of English boards, particularly the power to require a transcript of the history of every commitment into every institution. It is required that notice of every admission shall be sent to them within ten days.

Dr. GRAY. In New York we have on this very point all the safeguards of English law, and more too. This question of certificates for commitment and power of approval was a point especially considered in the legislative codification of our Lunacy Laws in 1874. As I have already shown, the power of review and approval of the certificates is given to the county judges and justices of the Supreme Court. The certificates must be in a form prescribed by the State Commissioner in Lunacy, and must be approved in writing by a justice of the Supreme Court, or by the county judge of the county in which the lunatic resides, and must accompany the patient and be filed in the hospital as a permanent record with the history of the case. The New York statute goes farther than the English in regard to certificates of commitment and power of review and approval. First, in requiring that the medical examiners shall have certain

qualifications—shall be graduates of incorporated medical colleges, practitioners of not less than three years, permanent residents of the State, and men of reputable character. Medical examiners must have an attest of these qualifications by a court of record before they are entitled to examine and make a certificate. Each examiner must make the certificate under oath, which must recite his qualifications and state the date of examination, and give the ground of his opinion, and must give also the name of the judge or justice under whose attestation he acts as an examiner. Again the justice or judge who finally reviews and approves the certificate before commitment, may, if he sees fit, summon a jury to decide as to the question of lunacy, but under no circumstances can a commitment be made unless with the judicial approval of the certificate in its form and substance. These I submit, are greater safeguards where the court appears with power of full inquiry into the case, and where he can call the physician before him or the patient either before commitment, than the sending of a transcript to commissioners who know nothing of the case further than the paper discloses, and this after the lunatic is actually admitted. As to the history of the case, the New York statute specifically directs that it shall be entered in a book kept for the purpose and written up from time to time. I do not know of a single provision of the British Lunacy Laws of any practical bearing that we have not incorporated, and some of them we have greatly improved upon, and this is an instance.

The President introduced to the Association Dr. Wm. Canniff, President of the Medical Association of the Dominion of Canada; Dr. Graham, of the Senate of the University of Ontario, and Dr. Grant, of Ottawa, member of the Medical Council.

On motion of Dr. Gray, Mr. D. A. Ogden, Trustee of the Willard Asylum, Willard, N. Y.; Mr. W. P. Townsend, Trustee of the Western Pennsylvania Hospital for the Insane at Dixmont, and Dr. A. H. Beaton, of the Orilia Asylum for Idiots, were invited to take seats with the Association.

An invitation from Lieutenant Governor and Mrs. Robinson to a garden party at the Government House,

on Thursday, from 4 to 6 o'clock, was received and accepted.

On motion, the Association adjourned to 10 A. M., Thursday.

The Association spent the afternoon in visiting the Central Prison, the Mercer Reformatory, and the Asylum for the Insane in Toronto.

THURSDAY, June 16, 1881.

The Association spent the morning in visiting Osgood Hall, the University of Toronto and the General Hospital, and was called to order at 1.30 P. M. by Dr. Callender.

Dr. Gray gave an invitation to the Association to meet at Utica, N. Y., at such time as the Association may determine.

On motion of Dr. Gray, Dr. C. Lockhart Robertson, of England, and Dr. A. Motet, of Paris, were elected honorary members of the Association.

On motion of Dr. Gundry, Dr. A. Tamburini, of Italy, and Dr. T. S. Clouston, of Scotland, were elected honorary members of the Association.

Dr. Godfrey, Trustee of the Asylum for the Insane, Dayton, Ohio, was invited to take a seat with the Association.

THE VICE PRESIDENT. If there are no further resolutions or motions to be offered, the chair will call upon Dr. Hughes to read a paper upon "Cephalic and Spinal Electrization."

Dr. Hughes then read the paper, as requested, in illustration of the value of "Cephalic and Spinal Electrization" in certain morbid conditions of the brain and spinal cord, based upon therapeutic procedures with which he has made himself familiar during the past four or five years in his own private practice, citing a number of clinical confirmations in recoveries from spinal concus-

sion, cerebral hyperæmia, irritable brain, etc., which will appear either in a subsequent number of this JOURNAL, or in the *Alienist and Neurologist*.

It is a common therapeutic procedure with him in all these cases where there is reason to suspect that the condition is one of increased vascularity—meningeal and sub-meningeal—to employ galvanism not as a tranquilizer, but for the purpose of diminishing the activity of the circulation. The object of introducing this subject was to call the attention of this body to what seems to the author a most valuable therapeutical agent for cerebral and spinal irritation from whatever cause, but especially where there are satisfactory evidences of the existence of vascular excitation.

A gentleman consulted Dr. Hodges, of St. Louis, in a state of mind quite morbid. His face was florid, his expression was despondent, his talk was of suicide. He said he would throw himself off the bridge. The physician he consulted referred him to me, and as our offices were not a great distance apart he came to see me. I, applying the cephalic electrization, got the gentleman sufficiently tranquilized to induce him to take 60 grains of bromide of potassium in my office, which I gave him in a glass of water and sent him home. He was in such a state of mind that a serious calamity might have been apprehended if he had not been treated at once. He came back to my office the next morning and submitted to the same process and again after dinner, and continued in that way for two or three months' time, until he was discharged a well man and has been well ever since. That occurred several years ago, so that I am very well convinced that the views I formerly held in regard to cephalic electrization are erroneous. Practical experience with a constant current has dispelled in my mind those errors. Whilst I would not under ordinary circumstances advise the employment of induced electricity with an uninterrupted current to the brain and cord, I should unhesitatingly commend the use of constant galvanism where you have without doubt cerebral excitation to deal with, no matter what other pathological conditions may be connected with the case.

The VICE PRESIDENT. As the session of the Association will be necessarily limited by the programme adopted for this evening, the chair will not call for discussion on this paper this afternoon. The next business in order will be the paper prepared by Dr. H. M. Hurd, of Michigan.

Dr. Hurd then read a paper entitled "A Plea for Systematic Therapeutical, Statistical and Clinical Study of Mental Disorders." [See this JOURNAL, July, 1881.]

Dr. Fauntleroy related the following case:

I had no idea of getting myself into trouble like this when, in a sort of confidential way I stated, in the hearing of our honored President, the main features of an interesting case of gunshot injury which came under my observation in December, 1876. I was called in consultation by my friend, Dr. D. Bashaw, of Craigsville, Va. I found the patient suffering from an injury inflicted by the explosion of a gun from which the breech had been blown, and was then imbedded in the frontal cavity, just on the right of the median line. It was so thoroughly imbedded as to be concealed from view, and there protruded from the wound a small fragment of the wood of the gun. The wound appeared small, owing to the elasticity of the skin. At first Dr. Bashaw thought the wound was due to a fragment of the stock of the gun, as everything save the protruding woody fragment was concealed by the contraction of the wound edges. Carefully probing the wound, Dr. Bashaw, to his amazement, discovered the presence of the breech of the gun. The wound was enlarged by cutting the skin, and after removing a projection of bone, the breach of the gun, with woody fibres attached, was drawn from its hiding place. (Here is the gun-breach, which is submitted for your inspection.) Then using my finger to explore the wound (it was pushed in to its entire length), I detected the presence of a number of fragments of bone which had been driven before the missile. The finger, in contact with the bone fragments, served to guide the forceps used for their extraction. In all, upwards of a dozen fragments of bone were removed.

To shorten the story, the patient progressed exceedingly well under the treatment of Dr. Bashaw, being a simple carbolic acid (in solution) dressing, a careful diet for ten or twelve days and a dose of Epsom salts every other day to keep the bowels in a proper condition. After that time a more generous diet was given. The patient, during the time, had no bad or alarming symptoms, but progressed favorably until the thirteenth day, when he was able to sit up. Subsequently he was enabled to engage in business. Shortly afterwards I met him upon the streets of Staunton, and had his photograph taken, which I now exhibit. To Dr. Bashaw

I am indebted for the notes of the case subsequent to my visit; and to the Doctor's judicious treatment the successful issue of the case is mainly attributable.

I received from the Doctor and other observers the assurance that this man's intellectual and moral powers were not impaired. He was a man of common education and ordinary mental capacity. In fact, the man was said to have *more sense* after the injury than before.

The following incident at least shows how little he was disturbed, even if it should be rejected as evidence of his improved mental condition: The patient said to me, after coming out from under the influence of the chloroform used during the extraction of the gun-breech, that he would like to know my charge, as he was anxious to pay it. I looked upon this as a hopeful omen in the case, and so it proved.

I have no further remarks to make, save that it suggests the question now weighing upon the minds of medical men, as to the localization of the mental functions. It is a question which, while many say that it is perfectly determined and settled, yet I am inclined, under the light of present facts, to regard as one upon which, as Sir Roger de Coverley says, "much may be said on both sides."

Dr. HUGHES. From the character of that wound, you had no reason to believe that it impinged upon the convolutions bordering the fissure of Rolando?

Dr. FAUNTLEROY. It went no farther than the anterior frontal convolution. It could not have been imbedded as deeply as the parietal convolutions of the brain, but that is, of course, a mere conjecture. I had not an opportunity of making a post mortem examination of his brain, though he died in November, 1880. This accident occurred in 1876. He died of phthisis, which had nothing to do with the injury itself.

The Vice President called upon Dr. Barksdale, of Virginia, to state the particulars of an important case.

Dr. RANDOLPH BARKSDALE, of Central Lunatic Asylum, Richmond, Va., said: Mr. President, in 1871, a man was admitted into the Central Lunatic Asylum for the colored insane. He was sent there by order of court. He had committed murder, and instead of being hung his counsel had got him off on the plea of insanity. After being in the Asylum some time he escaped and went home,

and shortly afterwards committed murder again. He was immediately arrested and brought back to the asylum where I found him in the fall of 1873. He was a man six feet two inches tall, very large head, prominent eyes, but thin and spare. He was an inveterate masturbator. He had to be restrained, it was necessary to keep cuffs on him to prevent his doing injury to himself or any one else. Last fall symptoms of phthisis commenced. He had several hæmorrhages during the fall and winter, and last May (about a month ago) he died. A post mortem examination was made. The skull bone was of the natural thickness—or of the average thickness I think of his race. The brain was taken out and weighed 70 ounces. The largest one I had seen recorded was that by Dr. Macdonald, 68 ounces, I think. The measurements of the skull were as follows: Occipito-mental circumference $26\frac{3}{4}$ inches, from top of head around the chin $29\frac{1}{4}$ inches, occipito-frontal $25\frac{1}{4}$ inches. We had no means of examining the brain microscopically but it appeared to be healthy. There was no congestion and no water at all in the encephalon. It was an ordinary case of chronic homicidal mania lasting from 1871 to 1881.

Dr. EVERTS. Was he a mulatto or of full blood?

Dr. BARKSDALE. He was a full-blooded negro. I think that is all of this case of interest.

Dr. C. A. Miller, of Longview Asylum Carthage, O., invited the Association to hold its next annual session in Cincinnati.

On motion, the Association adjourned to 10. A. M., Friday, June 17.

FRIDAY, June 17, 1881.

The Association was called to order at 10 A. M., by Dr. Callender.

The minutes of the session of yesterday were read and approved.

Dr. Gundry read a paper on "Separate Institutions for Certain Classes of the Insane."

Dr. WORKMAN. My experience unfortunately was once the same as Dr. Gundry's, but more than twenty years ago separate

provision was made for the criminal insane in this province. At present insane convicts are lodged in a distinct wing of the penitentiary. Dr. Metcalf now has four hundred non-criminal patients, so that now the innocent insane are not forced to associate with the criminal. The rule has been to retain the criminal insane permanently, that is to say, if the crimes have been of such a dangerous character as to render it unadvisable to release them. I see from what I have read from abroad that this subject has been undergoing consideration and very warm discussion for some time in Italy, and I was glad to receive a document showing that the government had authorized the establishment of an institution for the criminal insane. There is a very valuable article which I hope to see in the *Alienist* of Dr. Hughes' before next year, giving the career of a criminal up to his forty-third year. He was often detected in crimes and sentenced to various terms of imprisonment. He once attempted suicide by hanging, in prison, but was rescued by a guard, who cut the rope and let him fall, from which he received fracture of the skull. After this he was detected in crime, and was examined and believed to be insane. Only once in ten admissions into asylums was he stated by an expert to be a simulator. On the tenth occasion, when the fit began, the expert examiner reported that he developed marked indications of simulation. One doctor found hemiplegia on the right side. The injury was on the left, and others found further somatic morbid conditions. But apart, I think, from the above phenomena, there would not be sufficient to show that he was not a simulator. For example his favorite indulgence was picking pockets, and on the last occasion, as soon as the police approached, he fell into a state of maniacal disorder and so continued. Several persons thought he was a hard case, but the symptoms were such as to mislead a not very close observer. For instance, insomnia for twenty nights, without sleep or food, but in course of time he came all right. It is the opinion of Tamburini that he is laboring under *epilepsia larvata*. The way he draws the nice distinctions makes it one of the most interesting articles I have ever read. It is full of entertainment and full of instruction. I may tell Dr. Gundry, although his modesty prevents his giving the credit to his own country, that I am glad to remind him that separation of the criminal insane has long been the custom in this country, of which he had once the honor to be an adopted citizen.

Dr. GUNDY. The gentleman will excuse me, but I had forgotten it entirely, though I like Canada.

Dr. R. P. DEWEY. I have one idea of the practicability of which I am not convinced, but which I would be pleased to give briefly in reference to this provision for insane criminals. I suppose that every member of the Association will agree that it is most desirable, if it were practicable, to provide for this class an institution separate both from the penitentiary and from the asylum, but there is not a large enough number from any one State to admit of that. If it were practicable for two or more States to combine in the erection of an institution for the care of the insane, and thus secure a sufficiently large number, thereby dividing the expenses of the establishment to a sufficient degree to make it less burdensome upon those who would have to meet it, it would seem to offer a solution, and institutions might possibly be erected like some of the best in the European countries, say like one or two in England, where the best treatment could be had for the least possible expense.

Some years ago, in writing upon the subject, I advanced the idea, that possibly the New England States, or the Middle States, might be able to combine for that purpose; and some gentlemen that I talked with, who are familiar with the questions and conditions involved, thought it would be more practical for different States to do this, than to secure the action of the general government. Efforts have been made by individual States and failed. An attempt was made in Illinois last winter, and failed from the fact that the Legislature did not sufficiently appreciate the importance of the plan.

Dr. WORKMAN. More than twenty-five years ago a separate institution was established near Dublin, Ireland, for the criminal insane, and it has been a very great benefit.

Dr. CURWEN. Members will recollect that, a few years ago, we had quite a contest in Pennsylvania on this point of separate provision for insane criminals, and the resolution of this Association, passed in 1873, was really the outgrowth of that contest during the legislative sessions of 1872 and 1873. In consequence of that action of the Legislature at that time, and of the resolution of this Association, a memorial was presented to the Legislature in favor of an institution for insane criminals separate from all the other institutions, and a bill for the establishment of such an institution was also introduced. But the chairman of the committee on appropriations to which the bill was referred put the bill in his pocket, and that was the end of the matter for that session. Circumstances have interfered with bringing the matter before the

Legislature again on account, more particularly, of the heavy drafts on the State Treasury for the erection and completion of the hospitals at Danville, Warren and Norristown. But the matter has not been forgotten by those who were most interested in it, and when the proper time comes it will be pushed forward until the institution is established.

Some members of the Board of Public Charities are anxious to push forward the plan urged by them in 1872, of putting up a separate ward, in connection with one of the hospitals for the insane, for insane criminals, but any such project will meet with strenuous opposition on account of the feeling strongly expressed by an active member of the Legislature, "they want to put up a prison there and that we will not consent to."

Dr. A. P. BUSEY. In our State, Missouri, during the last session of the Legislature, they appropriated money to build an apartment in connection with the State Penitentiary to accommodate the insane criminals. It has not yet been built, of course, but it will be, and they will be accommodated in connection with the convicts, and be under the supervision and administration of the physician of the penitentiary. This arrangement, I think, is very good, and something that could be provided by all the States and give fair satisfaction. It seems to me more practicable to have them treated in connection with a penitentiary than an insane asylum, unless in an asylum built expressly for this class of insane.

Dr. JAMES H. DENNY. It seems to me eminently desirable that there should be separate provision for those who are insane criminals, and for that class under indictment for crime where insanity has not been proven. There is a class of prisoners, or of those committed for crimes, who are insane, or concerning whose sanity there is question, and which must be particularly studied by a medical expert. A prison is not the proper place for the study of minute and obscure symptoms developed in those cases, and neither are the wards of a hospital suited for that purpose. In Massachusetts during the last three or four years we have had some six or eight cases in which the crime of homicide has been committed, and in which the plea of insanity has been brought forward. As our laws are now it takes some time before the attorney who is charged with the defence is chosen, so that a long time elapses, perhaps some six months or even a year, during which the party under indictment is in prison, and is not under observation. In Austria and some other countries, there is provided in connection with some of the institutions, but not directly within the in-

stitution wards, a department for observation, where all cases which are obscure, whether criminal or otherwise, can be sent, and their obscure symptoms studied under medical expert observation until a definite conclusion is arrived at.

Now, something of that sort is a subject eminently worthy of consideration on the part of committees of this Association, to devise some form of a law for the purpose of carrying out some suggestions that we may offer. Some such plan is worthy of being looked at critically with reference to provision for the criminal insane, that class particularly who are under indictment, and who have not come up for trial. We found, practically, that, in studying such cases within prison walls, although every facility is offered, an expert is regarded rather as representing the prosecution or the defence; and in that light his facilities for observation are not such as they would be in an institution or department specially arranged for the study of the individual cases, where it was understood that he came by consent of counsel or by appointment of the judge who will have the official trial of the case, so that he will, in the eyes of the people at large, represent neither the prosecution nor the defence.

In Massachusetts, in the last two cases of homicide in which this question of insanity came before medical experts for decision, that arrangement was made between the Attorney General and the counsel representing the defence, so that by mutual arrangement medical experts were provided in the case. This is right; but if we had a special department, such as is suggested, not only for cases of those whose insanity has been proven before the courts, but for those whose insanity has not been proven, who are under observation, and who should be long under observation, it would be far better. As it is now, the defence, or question of defence, or providing for the defence, comes up very late. Perhaps the person may be in prison two or three months or six months or a year, as I have already said, before a physician is called in for an obscure disease, especially where epilepsy is the basis, which requires, as we all know, most careful study. Therefore, it is that I most cordially approve of the suggestion of Dr. Gundry, and also that suggestion which has been made, that different States ought to combine. I have often thought that the New England States might, by some mutual arrangement of governmental authorities, provide for such an institution. Then again there are a number of cases of individuals, where no crime has been committed, whose insanity is not proven, but whose insanity is so strongly evident

as to warrant measures being taken to study the symptoms. We have no provision yet that exactly provides for such cases—for an insane asylum is not the place—but it should be a place of detention where symptoms which are obscure, or not fully developed, can be studied, where such cases can be studied by means of some legal provision whereby it can be shown that such people are liable to be dangerous, or are dangerous, and can be where the judge can have the power to remove them after the determination of the nature of the troubles.

In this connection I would like to draw out the suggestions of the Association in reference to the plea of insanity when put in this form. A prisoner, if unable at the time of trial to understand the nature of the plea, is legally insane according to the laws of Massachusetts, and he can not be tried. If, therefore, the counsel puts in that plea, that the prisoner is unable to understand the nature of a plea, the trial is then before a judge without the presence of a jury. Now a jury trial in cases of insanity, I think in the minds of medical experts is anomalous, is not what the highest professional wisdom would counsel at all; but a trial before a commission of experts, or before a judge or several judges—something of that sort—more nearly coincides with the advance in medical jurisprudence of insanity at the present day. That question was taken up and discussed at the last meeting of the International Association at Paris, in 1878, and the project of a law was presented for the consideration of the Association, so that at the next meeting some action might be taken. All I wish to say in this connection is merely this, that in connection with the proposition to make separate provision for the insane under indictment, or whose symptoms are under question, there should be some provision made, or some discussion had, as to the character of the trial of the person under indictment, concerning whom the plea of insanity is pending; and that form of trial, as it lies indefinitely I think in the minds of all, and not perhaps formulated in any law, would be before a judge and commission of experts who had an opportunity of studying fully the symptoms of the case in some such department, or such an institution as has been suggested.

Dr. HUGHES. I am fully in accord with the sentiments of the paper, and believe that it reflects the sentiments of the Association, because, as one individual has observed, the Association has already expressed itself with regard to the measure proposed, as to separate provision for the criminal insane. It is the sentiment of the paper that I refer to, however, the sentiment contained in the

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Dr. HUGHES. I am fully in accord with the sentiments of the paper, and believe that it reflects the sentiments of the Association, because, as one individual has observed, the Association has already expressed itself with regard to the measure proposed, as to separate provision for the criminal insane. It is the sentiment of the paper that I refer to, however, the sentiment contained in the

motto, "*Non progredi est regredi.*" This has always been a progressive body. It has endeavored to progress in such a manner that the steps it has taken might not be mistaken; so that upon looking over the history of the Association we find in it a great deal that covers the ground of what might to-day be called progress, having been suggested by members of this Association in days gone by; and among those progressive ideas is that of separate provision for the criminal insane, which has been unanimously approved in this body in a resolution adopted some years ago.

While on that subject I will state briefly that to my mind there are several reasons for having separate provision made by States for the criminal insane or those who are under the ban of criminality, which grow out of what I conceive to be the rights of the insane—not the rights of those suspected of being insane, or the rights of those who employ the plea of insanity to shield real crime. When we recollect how obscure a morbid condition insanity sometimes is, and how it bothers at times the most searching expert to determine it aright, how in our efforts to ascertain the precise mental status of an individual, the most experienced methods of approaching the investigation of mental phenomena sometimes fail us; and with the most familiar with the subject of insanity we find at times the most timidity and the most caution in making a positive conclusion—it becomes a very important matter in connection with the rights of the insane that some provision should be made by States for that class of persons who, having been adjudged as criminals, or having been suspected of being criminals by their acts, have also either the disease or the suspicion of mental disease attached to them. And if a State provides for its criminals who are sane, the obligation is just as great, and presses with greater force upon them to provide for its criminal insane, to provide methods by which their mental condition may be looked into, and to provide opportunities by which the facts in regard to questions of suspected insanity in criminal cases may be clearly arrived at, to the satisfaction of the profession and to the satisfaction of the public; for it is well known that in these criminal trials, where the plea of insanity is interposed, public sentiment is often so clamorous for blood, often so hasty for what it conceives to be a summary execution of vengeance, that the rights of a really insane man, who may have committed the most heinous crime, are actually in danger by reason of this public sentiment which sometimes prevails in these communities, especially if it happens to be a community where the question of insanity has

been repeatedly raised, and the gallows has been cheated in succession, as the public think, of persons who ought to have been its legitimate victims.

When States have provided hospitals for the reception of the criminal insane, then the public mind will not be so much concerned as now as to whether a man is adjudged insane or not upon a criminal trial. It is only fair to the insane themselves, and to those suspected of insanity, and to the public tranquillity, that States which undertake to provide for the sane criminal, should likewise make provision for the insane criminal and those who may be suspected of insanity. The care of the imbecile class and of the feeble-minded, is a question which needs no argument. The provision for the epileptic insane is a question which, to my mind, is equally clear with that of providing for the criminal insane, for the imbecile and the feeble-minded.

As to the necessity especially of epileptic hospitals, or that some different provision should be made in hospitals for epileptics might, in many instances, be left to the discretion of individual superintendents more than any of the other measures. Persons who are in the habit of falling suddenly and frequently, as epileptics are, of course ought not to be provided with tile floors, or with hard wood floors.

Years ago in the reports of the asylum at Fulton, it was recommended that separate wards be provided for this class of patients. But then there are difficulties connected with the classification of the epileptic insane, which would be true on sending the epileptics to an institution for the epileptic insane. Many epileptic insane have very slight phenomena, and need no special provision. Take those cases of larvated epilepsy and *petit mal*, where the epileptic phenomena are either in abeyance, or lightly manifested; while the maniacal phenomena are those which call for special attention. The maniacal person without epilepsy is not more insane. That separate provision should be made in wards of asylums, or contiguous to asylums for a certain class of epileptics, whether sane or insane, is a question which has, in my own mind, long since been settled.

There are men in every community homeless, untrustworthy men and women who, by reason of having been chronically afflicted with epilepsy, are accustomed to fall down in the streets, and in out-of-the-way places unexpectedly and untimely, and who live in constant dread of some calamity overtaking them. They fear these sudden paroxysms. How solicitous they are to be under

treatment, so that they may go for a length of time without expecting the return of the paroxysms! With those who can take care of themselves, it is not so much so; but it is especially applicable to that class who need the help of the State. For that reason it is not only proper for the States to provide separately for their epileptics, but it is their duty. It is just as much the duty of the State to provide for the absolutely helpless epileptic, as it is the duty of the government to provide for its maimed soldiers in war.

DR. THOMAS A. FISHER, of Boston, Mass. I agree with Dr. Denny fully of the want of hospitals for observation of those suspected of being insane, after criminal acts, where the paroxysms rapidly subside, and in fact, it is difficult to establish the insanity several months afterwards, where the person has been for months in prison. I could not agree with the propriety of attaching a hospital for the "criminal insane" to a prison. Such a prison would only be specially adapted for those when insane, who became insane after doing criminal acts. I take it those can only be called insane criminals, who have become insane after committing criminal acts; because those persons belong to the criminal class. If he is insane at the time, he should not be classed with the criminals. And those persons who commit crimes, who do not belong to the criminal classes, but who stand well in society, it would be great injustice to assign such persons with those who are distinctly of the criminal class. I take it that classification of persons suitable for admission to hospitals for the insane is one principal difficulty in the way of establishing such hospitals in our States.

Until we know the exact number which should be sent to such hospital, we can not tell whether there are a sufficient number in any one State, or in a number of States, for the hospital. In Massachusetts the desire for classification is very strong among those conversant on this subject. Of course, all the superintendents in that vicinity are in favor of it, and more or less of a majority are very strongly in favor of a more thorough classification and separation of the types of insanity. In a small State, that would result in dividing the insane among a large number of small hospitals. I think the separation of idiots and imbeciles, and of epileptics and dipsomaniacs entirely insane, and of the criminal insane is equally in favor; but in a State like Massachusetts that would result in very small hospitals. The era of large hospitals would be at an end. Still I am not sure but that would be a very good thing. So far as I am at present informed, I am in

favor of the classification of the insane, and I hope that time will soon come in Massachusetts. A bill providing for the criminal insane was brought before our Legislature last winter, and it was under active discussion in the Board of State Charities. I am not sure but another winter will see some steps taken towards that object.

Dr. BUCKE. I do not think the true solution of this question has yet been touched upon. I very much doubt the advisability of building distinct asylums for insane criminals and for epileptics. As regards the first class, many lunatics who do criminal acts are not in any sense criminal, and many of the worst (most criminally disposed) lunatics have never committed any criminal act, and it seems to me a radically false procedure to attempt a classification by the acts of the patients either before or during his or her insanity. We all know how much the mental condition of lunatics varies from day to day and from month to month, and I believe that lunatics should be classified according to their condition at the time, and not according to their condition at some previous time. Epileptics, again, although it is true that they are a class apart, are not always best with other epileptics. The true solution seems to me to be to have each asylum composed of several, perhaps a good many, buildings; some strongly guarded, others not guarded at all, and with various grades between these two extremes. In such an asylum lunatics of every class could be accommodated, and could receive such care as they, each one, required, with this great advantage over the system which has been proposed, that when a criminally disposed patient lost temporarily or permanently his criminal disposition he could be removed to a building suitable to his improved condition, and *vice versa*. This is the system at my asylum at London, but not there carried far enough yet to be, to my mind, perfect. We have three grades of buildings (with, of course, different grades in each building), the refractory asylums for the most violent and unmanageable patients, (including some criminals and some epileptics); the main asylum for patients of a medium character, and the cottages for patients who are quiet and clean and who will not elope. Patients are passed from one of these buildings to the other, according to their mental state; and should this feature of separate buildings be somewhat more extended, it is easy to see that each asylum would have a suitable building for any given class of cases, and without the necessity of condemning any certain patient to remain in any certain building because he might once have been a proper subject for that building.

Dr. W. G. METCALF. The asylum over which I preside was built for a criminal asylum, and quite a number of patients who were in it when it was a criminal institution are still there, consequently I have had some experience with them. In many instances, as Dr. Bucke states, some classification is desirable.

Many of the patients who were criminals there are very agreeable, and give no trouble whatever; while on the contrary, some are very disagreeable. There is one man there in particular who is a very undesirable associate; he has spent nearly all his life in the penitentiary and prison. The last time he was committed before I got charge of him, he was convicted for unlawful knowledge and rape. While in the asylum as an insane criminal, he attempted to castrate one of the patients, and got some of the patients to assist him. He would mutilate and kill dogs, cats and birds, and finally he attacked man himself. He had vile habits, was a most inveterate masturbator, and would teach others his bad habits. Through a great outburst of mercy, this man was pardoned. On his way home from prison, he went into a farmer's premises, took a horse therefrom, and cut and maimed it in a terrible manner. He was arrested, tried, and acquitted on the ground of insanity, and sent back to us, and there he is. Well, I have never seen anything in the man to show insanity, and I have had him nearly two years under my care. The government says we must keep him, owing to his mania for shedding blood. He is one of the best patients I have. He goes into the dining-room, handles knives and forks, and makes himself generally useful; but, notwithstanding, a great many of the patients who knew him before, shun him.

In close proximity to my asylum is the penitentiary. In the penitentiary enclosure is a building for insane convicts that will accommodate, I think, some forty to sixty patients. If a man who has been committed to the penitentiary for a crime becomes insane, he is placed in this asylum, but as soon as his sentence expires they are done with him and send him over to me. There is something, I think, radically wrong about that; for while that asylum is a criminal asylum, it is not for the criminal insane; so while we have a criminal asylum in Ontario, we have no asylum for the criminal insane. I am of the opinion of Dr. Gundry that some provision should be made, but I do not at present see how it can be done.

Dr. BUCKE. Dr. Gray has asked me to state whether, at my present hospital, the patients belonging to the different buildings

mingle together. It is not contemplated that the different patients should mingle at all. As long as one is connected with a building he belongs to that building entirely.

DR. GRAY. Before the discussion closes on this paper, I should like to make a remark growing out of those of Dr. Bucke, only a part of which I heard. To New York, the question of separate care of criminal insane, discussed in Dr. Gundry's paper, is not new. It has become, by time, a historical fact that the State of New York has an asylum of that kind, which has been in operation for a good many years (1860), and with entire success in settling the great principle of separating the criminal insane from the ordinary insane. The lines are drawn distinctly in the statute providing for the class of criminal insane who shall be committed, to the State asylum for insane criminals. The crimes designated, for which the statute makes this special provision referred to, are murder or attempt at murder, arson and highway robbery; so that they are very distinctly outlined and come within the same jurisdiction as ordinary criminals. There are insane persons who commit simple assault and battery, or who threaten or commit certain acts of violence which would bring them within the purview of the law, but who, being found insane, are merely designated as "dangerous" in the statute. These are all sent to the ordinary asylums.

But the statute has met the objection members have here spoken of, that is, confining all classes of criminal insane together, the good and the bad, the vile and the virtuous. This point was years ago considered in the discussions of this Association and in the discussions in the New York Legislature, when the law was under consideration. It was a point which could not escape the careful reflection of philanthropic men seeking proper legislation for insane criminals. The question was also considered of the possibility of the commitment of a person to a criminal asylum who ought not to be there, one whose crime was simply an accident in the insanity, due to negligence perhaps of the community or that of friends about him in not giving timely protection, or from the ignorance of his real condition or from want of comprehension by those around him, of the dangerous character of the disease itself.

For instance; when a mother destroys her child in a condition of puerperal insanity it would seem a great hardship to place her in a criminal asylum. Now it is left in the breast of the court to say where each person shall be sent, the law only providing that they shall be kept under the shield and protection of the State

itself, leaving it for the court to say to what particular institution each person shall be committed; whether to one of the ordinary State asylums, or to that for insane criminals. If a case is sent to one of the ordinary asylums, and upon observation is found to be a dangerous person to remain with the ordinary insane, the superintendent may bring the case to the attention of a justice of the Supreme Court, who may at his discretion order his transfer to the asylum for insane criminals. This provision secures substantial justice and due regard to humanity. I think this is the solution of that part of the question, because we can leave these things with great safety to the discretion of the courts.

In regard to the point of transferring insane criminals from the criminal asylum back to the prison or the penitentiary after recovery and their discharge after the expiration of sentence, to which the Doctor has alluded, all this is guarded in the New York statute. No person can be discharged from the department of the State, so to speak, which takes care of the insane criminals and the criminal insane, except after due investigation.

If a convict continues to be insane after the expiration of his sentence, upon the superintendent's certificate that he is harmless and will probably continue so, and that he is not likely to be improved by further treatment in the asylum, or that he is manifestly incurable and can be rendered comfortable at the county insane establishment, the superintendent of State prisons may send him to the county of his former residence under the care of the superintendent of the poor as he is no longer a convict; and if the friends assume his care the superintendent of State prisons may deliver him to them upon a bond with proper sureties providing for his peaceable behavior, safe custody and comfortable maintenance without further public charge. No insane convict can be retained in the criminal asylum after expiration of his sentence except upon an order of a judge of a court after full investigation and examination by two physicians under oath as to his insanity—as in the commitment of ordinary cases. In regard to the discharge of the other classes of criminal insane they are to remain under "observation and treatment," until discharged by a justice of the Supreme Court after satisfactory evidence has been adduced that "it is safe, legal and right" to grant the discharge, and this applies to cases of arson, murder, or attempt at murder, or highway robbery. If after commitment to the ordinary State asylums, or the criminal asylum, any one of this class committed for "observation and treatment" is found not to be insane, or to have

recovered, he is remanded by the court back to the prison, that criminal proceedings may be continued, or that he may be otherwise discharged according to law. As I understand, about the same rules apply in regard to Broadmoor Criminal Asylum in England, and the various county and borough asylums, and that such is the practice in England.

So I think with these safeguards or provisions, that that part of the question has been practically solved. We have realized in New York, after carrying out these rules for years, no difficulty whatever. We have at all times in all our State asylums, persons who have committed crimes, in which the court has considered all the circumstances, including the social conditions of the parties and acted on its prerogative, and the result has been satisfactory. In certain cases the courts have committed criminal insane to the ordinary State asylums for observation, and subsequently transferred them to the criminal asylum. Such authority is vested in the courts, applying to all cases under confinement, whether before or after indictment, or after indictment and arraignment, or after acquittal by trial. Insane are not held in confinement in the penitentiaries and jails in New York. No person charged with crime in the State of New York, who appears to be insane, can languish in prison unneglected, as Dr. Denny has represented, under the law in Massachusetts.

In regard to making special provision for epileptics, it has been brought up several times in the State of New York, as a proposition for the State government to consider; and I hope some day we shall arrive at the point of creating an institution for epileptics, and include such epileptic insane as can properly be taken care of together; but the more violent and maniacal epileptics will probably always have to be taken care of as at present, in the different State asylums. If a man is a violent maniacal epileptic, he is quite as much entitled to association among the ordinary insane, and to being treated and taken care of there, as though he were insane from paralysis, or any other condition it is possible to conceive of associated with insanity.

Dr. GUNDRY. I am sorry that Dr. Workman has gone out, for after such statements Canada is but a very small way ahead, if at all, in providing for the criminal insane. Inasmuch as Canada is retrograding by admitting their insane to the penitentiary, it is very essential that something more should be done here. I think we all agree on one or two points. One is, that idiots and imbe-

ciles should be provided for in separate institutions. That seems to be agreed upon. The next point is, that it is not right that insane criminals should be treated in penitentiaries, that they should be provided for in some institution where they will be under expert treatment, that it is better that they should not be in an institution for the general insane, that rather than that, it would be better to have them within the walls of a penitentiary.

In regard to the classification, there is no difference at all, as I understood the gentlemen, nor is there a difference of opinion between the views that Dr. Gray claimed and others, that those who have not been convicted might be sent to an asylum. Moreover, that persons in asylums, who committed homicide, might be recommitted to these institutions, because these institutions would be better prepared to take care of them, and it would be presumed that the medical care would be as good as at any other place. In that, also, we all agree. In regard to what Dr. Denny says, as to the necessity of providing a place for persons under indictment for trial, whose insanity has not been determined; that is notably provided for in Maine, where the person is transferred to an institution for three or four months, and there kept until put upon trial, upon the sanity being determined. I believe that system exists also in some other States, although I do not recollect them at this moment. But in other States that has been done. I recollect of several cases where, under permission of the district attorney, the prisoner was allowed to be sent to an institution for a certain time, to be observed.

The class Dr. Gray has called attention to is a class worthy of sympathy, as not being criminals, but where it may have been the result of improper treatment. I have a case of a poor fellow who was committed to jail for a year, who committed murder, which, I believe, was the result of that sort of treatment. He was found to be insane and sent to an asylum. As soon as he recovered he had to go back to prison, as if no time has passed.

It is the law in some of the States, that the Governor has the power to suspend the sentence while the person is being treated. Therefore, when he is cured he is returned to the penitentiary to fill out the unexpired term of the sentence. This is not the case in England, where they recognize the time, but not to qualify the time of the man in the penitentiary.

As to being in penitentiaries I do not mean to say that when a man has once committed a crime he is always a criminal, but I do say that your wife or my wife, or your friends or my friends,

would be very much wounded if it should become necessary to place us in asylums as patients, and they find that criminals were there from their own communities. They would feel that to be a blow as severe as that from the trouble and the disease. It is the stigma that would attach by the association. I have two criminals in the institution that have been convicted. I do not know whether for their own ills or those of others, but I do know that the others go far out of the way and shun them, and I do know that men object to being placed or kept in the same ward with those who have been convicted of crime.

I entirely agree, except upon one point, with Dr. Bucke. While we are agreed upon the facts, I supposed the proportion of insane epileptics in any institution is one-fifth to one-tenth of the epileptics in the same house.

Dr. Gray misunderstood me a little. I have no doubt we agree. I do not mean to withdraw them from medical treatment, but to put them in an institution large enough to classify them thoroughly. Those with attacks of mania might be provided for in exceptionally strong places. But there are a number of epileptics who have long intervals, who might go about the grounds like Dr. Bucke's one hundred and eighty patients and do no work, but be kept together as in England, for there only a few, and they a favored few, ever get into asylums. Now in States with asylums, where they provide liberally for their insane and do not have to discriminate, these classifications could take place, and they could be classified again and again. In States where they can not provide for them, there of course no such provision arises. In States where the court makes out the priority of admission, we know very well that the poor superintendent has to receive unless he is a friend of the court. In one State there were one hundred and eighty-one in the asylum and five hundred and eighty-one applications altogether, leaving four hundred for the poor-houses. It is for these four hundred in that State, and for those in other States that the provision should be made. These four hundred included all the different classes of insanity that Dr. Gray has referred to.

Dr. Fisher says if we divide them up we will have small asylums in every State. I do not think five hundred and eighty-one would make a small asylum, but if there were smaller institutions I certainly should not complain of it. I think we have gone a little too far—and perhaps we are of one mind that we have done so—a little too far out of the way in the building of large institutions, and you know we have gone beyond our resolutions on the subject.

Dr. Bucke says it would be better to have them all in one place in separate houses. I think the real question may be decided thus: In the first place, it would make it too difficult for one man to go around into so many separate buildings. It strikes me it would be better for them to be away from the insane entirely. The epileptic recognizes the insanity in a patient. I have noticed that they are not tolerant to those who do not have fits, but have little intercourse with them as though a subject of dread, while they are not foreign to but tolerant of each other during fits. I have no doubt that it will continue to be so in that respect.

It is simply another way for the State to provide for them. They are the last to be received into any asylum where State provision has been made for the insane, but when they are received they take up as much room as others. I have thirty-one, for instance, in my small hospital. If they could be transferred to an institution adapted to them, then thirty-one others would have provision for them there. If one hundred and eighty-one were transferred to an asylum for their special care and treatment, then one hundred and eighty-one chronic insane now languishing in poor-houses would have accommodations, and it would relieve the poor-house of the disgrace of having them there tied up and kept from every sort of business, and no hope of being anything but a burden to the community. That is the condition in most places. It is for the most degraded and most hopeless class, therefore, that I appeal for to-day. And I propose now to move that the subjects contained in this matter of separation of the idiotic and imbecile and insane convicts, and of those of homicidal tendencies and epileptics to an institution for themselves be referred to a committee.

The motion was seconded by Dr. Gray.

Dr. Denny moved to amend that that committee be authorized to advise with legal authorities of eminence in reference to matters of law, and opinions of legal gentlemen on the subject of the provision made for insane criminals. The amendment was not agreed to, and the original resolution was adopted.

Dr. Hurd read a paper containing the report of a case of disease of the brain, with post mortem appearances, and, after a short colloquial discussion, the paper was laid on the table.

Dr. Barksdale, from the Committee on Time and Place of next Meeting, reported in favor of Utica, N. Y., as the place, and the twenty-third of May, 1882, as the time.

Dr. Miller moved to substitute Cincinnati, Ohio, for Utica, N. Y., which was agreed to and the report, as amended, was then agreed to.

The President announced as the Committee on Business for next year: Drs. Everts, Miller, Curwen, Strong and Gale.

The President also announced as the Committee under Dr. Gundry's resolution: Drs. Gundry, Fisher and Fauntleroy.

The Vice President, Dr. CALLENDER. A suggestion has been made by several members which meets my own hearty concurrence, and no more opportune moment than this juncture in the proceedings of the body can present for its realization. It was on the eve of adjournment that the members, feeling their sense of respect and great obligations to one who was of the first and oldest of the membership, were accustomed to cluster about him with expressions of good will and farewell until the next meeting, at which, notwithstanding advancing years, he was confidently expected. We shall meet him no more. I refer to our venerated friend and the veritable nestor of this body, the late Dr. Isaac Ray. The suggestion is that at this first meeting, after his removal from the scenes of earth, it is due to ourselves not less than to his memory that an expression of our sense of irreparable loss, beyond the formal assignment of a single member to prepare a memorial minute, should be had in individual attestation to his character and worth.

The chair has no eulogy to pronounce upon Dr. Ray, but leaves it to others more capable, if indeed any be needed beyond the record of his life and its work. No tongue or pen however apt or gifted can describe it so well, as its own transparent simplicity and devoted usefulness displayed it. He was at once the learned and lucid writer and speaker, the diligent, practical observer, the skillful hospital administrator, the sagacious philosopher and counselor, and the alienist and humanitarian in the largest sense. The ripe honors which these rare gifts and virtues bore him were worn

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modestly, and a few months ago with unclouded intellect were resigned calmly. The chief consolation remaining to this Association, to which he was so strongly attached, is that he was only taken at the term of a long life "like as a shock of corn cometh in in his season." From members who were contemporary with him for a long time, in these annual meetings, the chair would be pleased to hear, and also a motion for a committee to prepare resolutions expressive of our bereavement and of condolence with his family.

Dr. GUNDRY. I move the appointment of a committee of three, of which Dr. Sawyer shall be chairman, to prepare resolutions expressive of the great loss we have sustained by the decease of Dr. Isaac Ray. All of us are familiar with the appearance at our meetings of the old friend that we have lost. We are all familiar with his scholarly appearance, and the clearness of his utterances on every occasion that he made them on the floor. We can also remember with still more vividness the conversations between the sessions, when he loved to talk, and, with a few of his friends around him, would throw out suggestions, sagacious allusions and illustrative anecdotes. He was a man with a great mind, humorous, as all great men are, having a great fund of quiet humor with which to decorate the flowers of rhetoric he gave us. We can all remember the beautiful little book of his, in which he narrated the duties of asylum officials, and in which he depicted the officers of an institution in imitation of, or suggested rather by the good old writings of Thomas Fuller, in its royal and perfect state.

Dr. Ray was a model to us in very many respects, first of all, whatever subject he had to deal with, he dealt with distinctly; you knew exactly where he was. You might agree to disagree with him, but you could not misunderstand. Then Dr. Ray's services have been eminent beyond measure. He was the first man to write a book in our language on the Medical Jurisprudence of Insanity, and the first man to write a complete book involving the whole subject in any language, if I mistake not.

There have been papers and essays, but no code on the subject before his time. Beyond all, he called attention to those forms of insanity in which conduct rather than intellectual science has been brought to the attention of the profession; and I believe whether we agree with him, or disagree with him as to the result of that, and the terms he employed to embody that result. I believe no greater step has been taken in our profession than the clear enunciation of the doctrines which he has discussed in that book, and I

firmly believe that the majority of the profession will hold closer to his views on this subject than they will formally state. There will be a difference in the premises, but that insanity was deducted apart from intellectual matter.

Dr. GRAY. It is not a part of the business of the Association to discuss the matters to be referred, by resolution, to a memorial committee. Members should not go beyond the expressions of strict eulogy. I question too whether the Association could properly, at this late hour, in eulogistic speeches in regard to Dr. Ray, enter into the province of his opinions on moral insanity, or his views on other matters which have been discussed so much heretofore, and which are a part of the proceedings of the Association in the past. It seems to me it is digressing, and all this belongs to the biographer whom we have already appointed.

Dr. GUNDRY. I shall close in good time and take in good part the interruption.

Dr. GRAY. I shall ask that the gentleman confine himself to eulogy.

Dr. GUNDRY. That I have been trying to do. Old age did not seem to deal harshly with his mental powers. Whether he differed with his friends or not, he continually came here, and I do not know of any point he stood upon but what his brethren entirely understood him, and whether we differed in our views, he believed in our continuing to come together in spite of our opinions. We must always admire the old gentleman for coming up to meet his engagements, no matter how much he deprecated the stand taken by others who did not believe as he did.

I might add a few more thoughts; but I move, as I did in the beginning, that a committee of three be appointed to draw up a suitable preamble and resolutions.

Dr. R. H. GALE. Owing to the fact of the near approach of the close of business of this Association, I move you that this committee be requested to formulate, in the preamble and resolutions, the eloquent remarks of the Vice President of the Association, in order that we may now act without delay on this motion.

The VICE PRESIDENT. That is a question that the chair would prefer the sense of the Association upon without any suggestions from him.

Dr. GRAY. I second the motion. I approve of that because I think the eloquent and appropriate remarks made by the President embody all that is requisite to be done now, seeing that we have named a biographer in reference to the able and distinguished

services and the lofty qualities and character of Dr. Ray in his life, in all relations and as we were wont to see him here, and in his eulogy Dr. Callender has fitly portrayed him.

Dr. HUGHES. I am very sorry that this late hour, when we are all preparing to get ready for the final business before us, should be assigned as a time when eulogies are expected upon the character of our departed friend, because no hour, no two hours, no day could do justice to the character of Dr. Ray. Mr. President, his character needs no eulogy. His career was a life-long eulogy of true manhood. Time that effaces the perishable and preserves the enduring will record the best eulogy that can be written upon his character and attainments. His name belongs to history, and history will inscribe his name among her great names.

The motion of Dr. Gale was adopted.

The chair appointed, as the committee to prepare resolutions, Drs. Sawyer, Gundry and Workman.

Dr. Macdonald, from the Committee on Resolutions, presented the report of the committee, which was, on motion, unanimously adopted.

The Association of Medical Superintendants of American Institutions for the Insane having held its thirty-fifth annual meeting at the city of Toronto, Ontario, and having met with a renewal and if that were possible an increase of the friendship and courtesy which marked its former visit ten years since, desires at the close of its session, to place upon record its deep appreciation of the attention and consideration with which its members have been welcomed and cared for.

It is therefore *Resolved*, That the thanks of the Association are eminently due to Mr. John W. Langmuir, Inspector of Asylums, Prisons and Public Charities for the personal care which he has exercised in forwarding the objects of the meeting, and in affording the members of the Association the opportunity of observing and profiting by the observations of the many improvements which have been made under his stewardship in the charitable and correctional institutions of this Province.

Resolved, That the members present to their associate Dr. Daniel Clark, their acknowledgments for his courteous reception of them at the institution under his charge, and their congratulations upon the manifest improvements which have in the past ten years resulted from his administration.

Resolved, That the thanks of the Association are due to the Inspector and the Superintendents of Asylums of Ontario, for the excursion on board the Chicora and for the banquet given in its honor, and particularly for the opportunity which the latter gave for hearing from the lips of men eminent in the councils of the Province, utterances so sound and liberal, upon the subject of the State's duty towards its insane wards, and especially toward those having the immediate care of them as to afford to the latter no slight comfort and encouragement.

Resolved, That not the least among the pleasures attendant upon this meeting has been that of renewing personal intercourse with one of the oldest members of the Association, and one than whom none is more highly honored and esteemed, both within it and without, Dr. Joseph Workman, and that it is the earnest hope of his colleagues that he may long be spared to aid them with his counsels, and the public with his recognized skill and wisdom.

Resolved, That the Association has inspected with great interest Osgood Hall, the building of the Toronto University, and has examined with equal interest through the courtesy of the president of the latter, Professor Wilson, the liberal and enlightened provision whereby a higher education is placed within the reach of the young men of the Province, practically gratuitously.

Resolved, That the interesting and instructive visits which the members of the Association have been privileged to make to the several public institutions have been greatly enhanced by the kindness and painstaking of the several presiding officers and their aids, and that grateful acknowledgments are made to Dr. Charles O'Reilly, Medical Superintendent of the Toronto General Hospital, to Mr. I. Massie, Warden of the Central Prison, and to Mrs. O'Reilly, Superintendent, and Mrs. Lared, Assistant Superintendent of the Mercer Reformatory.

Resolved, That the social entertainments arranged for its members and the ladies accompanying them have been so many and varied and especially so enjoyable, that the Association can not hope to acknowledge them adequately or in detail; but that it presents its grateful thanks to the Hon. John Beverley Robinson and Mrs. Robinson for their distinguished kindness, and also to the New England Society and the gentlemen of the medical profession of this city.

Resolved, That the Association is much indebted to Mr. M. H. Irish, proprietor of the Rossin House, for the facilities which he

has given to it, and for the attention which he has shown to the comfort of its individual members.

A. E. MACDONALD,
R. H. GALE,
C. H. HUGHES,

Committee.

The entertainments were as follows:

On Wednesday evening, at the Rossin House, a banquet was given by the Government of Ontario, under the auspices of the Public Institution Inspection Department. The chair was filled by the Hon. A. Crooks, Q. C. Minister of Education. On the right of the chair was the Hon. John Beverly Robinson, Lieutenant Governor of the Province of Ontario. The Premier of Canada would have taken the chair, but was absent in England. The Minister of Crown Lands, Hon. J. B. Pardee, was present. The Minister in charge of the Public Institutions, Hon. J. C. Wood, was unavoidably absent, owing to a recent family affliction. The vice chairs were occupied by the Inspector of Prisons and Public Charities, Hon. J. W. Langmuir, and Drs. Daniel Clark and R. M. Bucke. The Dominion and Ontario Legislatures, the bench and bar were also largely represented. The toasts were as follows:

First. "The Queen," proposed by the chairman.

Second. "The President of the United States," proposed by the chairman and responded to by the Hon. W. C. Howell, United States Consul in Toronto.

Third. "The Governor General of Canada and the Lieutenant Governor of Ontario," proposed by the chairman and responded to by the Hon. John B. Robinson, Lieutenant Governor of Ontario.

Fourth. "The Parliament of Canada and the Legislature of Ontario," proposed by the chairman and responded to by the Hon. Edward Blake, Q. C., M. P., and Dr. Beatty, Q. C. for the Dominion Parliament, and by the Hon. J. B. Pardee, Q. C., M. P., Minister of Crown Lands for the Ontario Legislature.

Fifth. "Our Guests," proposed by the Inspector of Prisons, &c., and responded to by Dr. J. H. Callender, President of the Association, and Drs. Curwen, Eyerts and Bucke.

Sixth. "The Educational Interests of the United States and Canada," proposed by Dr. Clark, the Medical Superintendent of the Toronto Asylum, and responded to by Dr. A. E. Macdonald, of New York City Asylum.

Seventh. "The Bench and Bar of Ontario," proposed by the Inspector of Prisons and Public Charities and responded to by Mr. Justice Cameron and Dr. Beatty.

Eighth. "The Medical Profession," proposed by the Inspector of Prisons and responded to by Dr. John P. Gray, Superintendent of the State Asylum at Utica, N. Y., and Editor of the *JOURNAL OF INSANITY*.

Ninth and Tenth. "The Ladies" and "The Press" were responded to by Dr. C. H. Hughes, of St. Louis, Editor of *The Alienist and Neurologist*.

Regarding the statements made in these speeches from a governmental standpoint, the most important was that made by the Hon. Mr. Pardee, in regard to the desirableness of giving special instruction to medical students on insanity and its treatment by a clinical course, in which he proposed and promised to bring that matter to the notice of his colleagues, as the government was anxious to do everything within its power in this direction.

Dr. Gray, in responding to "the Medical Profession," recalled the fact on this point that at the former meeting in Canada resolutions were passed by the Association declaring clinical and didactic teaching as well as medical jurisprudence a necessity in medical colleges, and while expressing the lively satisfaction with which the members listened to the proposal of the honorable member of the government, he hoped at the same time that they would include medical jurisprudence, which certainly was of the highest import-

ance, and referred to the utterances of Mr. Justice Cameron, Hon. Mr. Blake and Hon. Mr. Pardee as justifying its inclusion in any complete system of university medical education and demanded by the progress of the age in the sciences of law and medicine. He thought it a happy circumstance that the Association was permitted to listen to such broad views as were expressed by the honorable gentlemen touching the necessary relations of law and medicine in the true carriage of justice. He congratulated the Association that the promise of the Hon. Mr. Pardee, on the part of the government, was no complimentary utterance, but an earnest intent of having such a chair—thus completing the full curriculum of study. In speaking of the magnanimous sentiments expressed by Justice Cameron towards medical witnesses and their value to justice in the interpretation of the manifestations of disease, he alluded to the late Chief Justice Cockburn, of England, as an illustrious instance where the wide consideration of jurisprudence, in its scientific and practical light, had reflected honor both on law and medicine.

In referring to the Hon. Mr. Langmuir, he characterized his work as executed with rare zeal and judgment, making a common cause with the superintendents in every effort at advancement, and he felt sure that every member of the Association would be glad to see him add the additional laurel of systematic teaching to his administration.

On Thursday afternoon, by invitation of Lieutenant Governor and Mrs. Robinson, the members of the Association spent from four to six o'clock very agreeably at a lawn party at the residence of the Lieutenant Governor, where they met a large number of citizens of Toronto.

In the evening the Association spent from eight to ten o'clock in an excursion on the lake given by the Inspector and Superintendents of Canadian Asylums.

On Friday afternoon, by the invitation of the New England Society in Toronto, they went on an excursion on the lake as far as Lorne Park, where they were entertained at luncheon and returned.

Friday evening, from eight to eleven o'clock, the Association was received at the Normal School Buildings, and handsomely entertained by the Medical Profession of Toronto.

The Association was called to order at 11 p. m., by Dr. Callender.

Dr. Sawyer, from the committee to prepare resolutions in regard to Dr. Ray, presented the following, which were unanimously adopted:

"No tongue or pen, however apt or gifted, can describe so well the record of the life and work of Dr. Isaac Ray, as its own transparent simplicity and devoted usefulness displayed it. He was at once the learned and lucid writer and speaker, the diligent practical observer, the skillful hospital administrator, the sagacious philosopher and counselor, the alienist and humanitarian in the largest sense. The ripe honors which these rare gifts and virtues bore him, were worn modestly, and a few months ago, with unclouded intellect, were resigned calmly. The chief consolation remaining to this Association, to which he was so strongly attached, is that he was only taken at the end of a long life, 'like as a shock of corn cometh in in his season.'"

Therefore, *Resolved*, That in tendering to his bereaved widow our most sincere sympathy and condolence, in the great loss which she has sustained, we can not avoid expressing the deep and abiding sense which we entertain of the great personal worth, the unblemished character and untarnished reputation of the departed as a man, and the exalted opinion we have formed of his extensive acquirements, his great ability as an alienist, and the exalted rank which he attained as unquestionably one of the ablest writers in our language in all matters pertaining to the jurisprudence of insanity.

Resolved, That the Secretary be instructed to forward a copy of this resolution to the widow of Dr. Ray.

Dr. EVERTS. I rise to second these resolutions, not that I can add anything to the fame of the immortal name of our deceased brother and father, but because it is decent and proper that we should do what we have done in the matter. For my own part, when I saw Dr. Ray, at Philadelphia last year, leave our Association room with the venerable Miss Dix on his arm, I said then to myself with sadness in my heart, if not tears in my eyes, "Farewell!" I have nothing to add.

On motion of Dr. Everts, it was resolved to change the time of holding the next meeting from May 23 to May 30, 1882.

On motion, the Association adjourned to meet in Cincinnati, Ohio, on the thirtieth day of May, 1882, at 10 A. M.

JOHN CURWEN,

Secretary.

OBITUARY.

PROF. JAMES P. WHITE, M. D.—It is with a sincere sense of personal loss that we announce the death of Doctor White, one of the most eminent members of the medical profession. He died at his residence in Buffalo at 10 o'clock, on Wednesday evening, September 28. He was born March 14, 1811, in the town of Austerlitz, in Columbia county, N. Y., of Puritan ancestry, a remote ancestor being Peregrine White, the first child born in the Plymouth colony. In 1816 the family removed to Erie county, N. Y.

Dr. White's early education was obtained in the schools and academies of western New York, some time being spent under the tuition of Rev. John C. Lord, afterwards one of the leading clergymen of Buffalo. In order to obtain means to pursue his studies, he spent some time in teaching, an occupation than which, if properly pursued, there is none better to quicken and develop a man. After completing his academic course, he read law with his uncle, a pursuit which he soon abandoned in favor of medicine. He first attended lectures at the Fairfield Medical College in 1831, and subsequently at Jefferson Medical College, Philadelphia, where he graduated in 1834. Previous to graduation, and while still reading medicine, he practiced by request at Black Rock, now a part of Buffalo, during the cholera epidemic of 1832-33. Immediately after graduating, he settled in Buffalo, and there continued until his death. Much of his early practice was in surgery, but when, in 1846, the medical department of the University of Buffalo, of which he was one of the founders, was established, he was called to the chair of Obstetrics and Diseases of Women.

It is in this line that his greatest reputation has been made.

Filled with zeal, as a teacher and practitioner, he early made an attempt to introduce clinical midwifery. This innovation, the first attempt of the kind in the country, roused considerable opposition, resulting in a long and bitter professional struggle, conducted on Dr. White's part with characteristic determination and vigor. In 1850, and again in 1866, Dr. White visited Europe and there enriched his mind by observation and study in his special department.

While not a prolific writer, his contributions to the literature of his specialty always commanded attention and bore the impress of ripe experience and thoughtful study. Articles from his pen have been published in the *American Journal of Medical Sciences*, the *Buffalo Medical and Surgical Journal*, the Transactions of the American Medical Association, Transactions of the Medical Society of the State of New York, Transactions of the American Gynæcological Society, and in the Transactions of the International Medical Congress of 1876, at Philadelphia. He always took a prominent part in the proceedings and discussions of the several medical societies, of which he was an active or corresponding member.

Dr. White also contributed the article on Pregnancy in Beck's Medical Jurisprudence.

His most noteworthy contributions to medical and surgical science were his operations for, and articles on, the reduction of inverted uteri. His first case, one of eight days' duration, occurred in January, 1856, and was reported to the Buffalo Medical Society in February, (*Buffalo Medical Journal*, March, 1856). Even in this early case Dr. White recognized that an advance had been made which was to open a new field of en-

deavor in cases of a like character. He says: "This case is regarded as interesting in many respects. It will encourage the growing belief among accoucheurs, that reduction may be undertaken with reasonable hope of success, at a period much later than most writers have heretofore advised." Referring to a case of fourteen days' duration which had long previously (1842) come under his observation, he said: "With my present views upon this subject, I should abandon such a case as hopeless only after a long effort at reposition."

Two years later, March 12, 1858, Dr. White met his second case, this time of six months' duration, which was successfully restored, and in August of the same year he reduced another of over fifteen years' duration.

The priority of this operation has been claimed for Tyler Smith, of London, but his case, one of twelve years, was not published until April 24, 1858, (*London Medical Times and Gazette*), more than a month after Dr. White's second operation, and over two years after he had published his first case and the views and expectations expressed in connection therewith. The declaration was repeatedly made by Tyler Smith, in the report of this case, that in old cases the reduction could not be accomplished in one sitting, a statement thoroughly disproved in all of Dr. White's cases. Indeed, none of the positions assumed by Dr. White in his early articles regarding the operation, the manner in which the uterine walls resumed their normal position, etc., have been disproved. His cases have numbered twelve and range in duration from a few hours to seven, fifteen and twenty-two years.

Dr. White performed, during his long and active career, all the important operations in gynæcological surgery, including over one hundred ovariectomies, the

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removal of the uterus and ovaries, operations for uterine tumors, amputations of the cervix, vesico-vaginal fistula, ruptured perineum, etc., etc. In the more limited field of obstetrics, his experience was large and his opinion and assistance in complicated cases eagerly sought. His reputation as a specialist was extensive, and his visits to patients extended through the States of New York, Massachusetts, Rhode Island, Pennsylvania, Ohio and Michigan, and frequently into Canada.

As an operator he was conservative yet bold, and with a fertility of resource which enabled him to readily meet emergencies as they arose. In the conduct of an operation he sought and listened to the suggestions of his assistants and others connected with the case, but once a method of procedure determined upon, he assumed the entire direction, and expected of his assistants, to whom he carefully explained in advance all that he might desire, a prompt and intelligent anticipation of his wishes without further suggestion from him. His manner toward his patients was such as to inspire confidence. He was accustomed to say: "Unless I can have your faith that I am to do the best I can for you, I do not wish to do anything." He explained frankly the results to be expected and the risks to be incurred, to each patient.

His duties in connection with the Medical College were from the commencement full of zeal and interest in his department. For some years the only remaining one of the original faculty, he was regarded in a sense the father of the institution, and delighted and took pride in the appellation. As a teacher he took pains to present his subject in the clearest manner possible, and to furnish to the students the best available information. His reading was extensive, but his lectures were largely made up from his own varied ex-

perience, from which he so freely and graphically drew, that at times his didactic discourses partook almost of the nature of a clinic. And it was perhaps this power of clothing his subject, no matter how dry, with a living interest that made his success as a teacher and lecturer. In 1870-71, by invitation of the faculty, he delivered the lectures in his department at Bellevue Hospital Medical College, during the illness of Prof. George T. Elliott. These lectures were characterized by the faculty as "showing peculiar ability and qualification as a public teacher." He generously gave to his sick colleague all the fees from this course, refusing to receive any compensation for his work.

To the college students, and to the younger men of the profession, he was especially a friend. He encouraged them to come to him in times of difficulty and trial, and inspired in them an emulation of his own self-reliant courage. He taught them to put forth endeavor for themselves, and, while seeming to help, really compelled them to help themselves. To a young physician, who requested him to make an operation upon a patient under his charge, he said: "Make it yourself. I will gladly countenance you by my presence and advice, but do it yourself; you will never have a better opportunity to commence." He delighted to gather the younger men of the profession about him and called them, but with no air of offensive patronizing, "my young men."

Though by nature a leader of men he never held any public office, except as President of the Board of Managers of the Buffalo State Asylum for the Insane. He was one of the five commissioners appointed to locate the asylum, and when the first board of managers was appointed (1870) was made its president, a position which he held and which he filled with characteristic

ability till April last, when, owing to his health and the pressure of other duties, he resigned. He was early a member of the American Medical Association, his permanent membership dating from 1847. At the meeting in 1877, he was chairman of the Section of Obstetrics and Diseases of Women and Children, and was at the subsequent meeting held in Buffalo, June, 1878, first Vice President. He was President of the State Medical Society in 1870. One of the founders and original fellows of the American Gynæcological Society, the transactions of that body, now numbering five volumes, contain three or four articles from his pen.

He was not alone active in his profession, but as one has said in writing of him, "An ample sketch of his life would be a history of the medical profession in Buffalo for the last half century—nay, almost a history of the city itself, for there have been few important public questions or enterprises since the corporation was established in which he did not become more or less interested." He was a prominent and active member of the Protestant Episcopal Church, and for years President of the Church Charity Foundation, an institution which owes much of its present stability to his management.

Dr. White possessed the advantages of a tall and commanding figure, and a countenance which inspired confidence while insuring respect. His years sat lightly upon him. His

"Was a stature undepressed in size,
Unbent, which rather seemed to rise,
In open victory o'er the weight
Of seventy years to loftier height."

But death, alas! did not pass this shining mark. In June last, his health was such as to demand immediate rest, and early in July he went to Lake George to re-

cuperate. In a letter written a little over two weeks after leaving Buffalo, he said: "I have been diligently searching after health, and with somewhat varying success." His illness seemed to have produced some despondency, and he expressed doubts about filling his chair at college the coming season. A subsequent letter, however, speaks of his "rapid" improvement, and refers to the amount of professional work awaiting him at home, and in which he expected to engage with new vigor.

One of the cases to which he referred called him to some distance from home to make an ovariectomy. The operation was singularly long, complicated and tedious, and exhausted the strength which the Doctor had over-estimated. He returned home tired and sick, but his condition did not alarm his friends until within less than a week of his death—indeed he was confined to his bed but a week.

As death approached, he recognized his condition, spoke quietly of his approaching end, and quietly, while life was returning to the patient for whom he sacrificed so much, his busy life was ended.

Thus passed from our profession one of its most brilliant ornaments. With a character which would have won laurels in any field of endeavor, he was content to pass his life in the earnest, active pursuit of his profession. In his calling, it is true he won position and wealth, but at the expense of work, for which few physicians of the present day possess the vigor. Whatever he undertook he carried to its fulfillment. He possessed determination and the courage of his convictions—a courage which consisted in an "equality to the problem before him; * * * equality to the problem in affairs, in science, in trade, in council or in action."

The product of a hardier experience and a more simple training than those of the present day, we shall seldom look upon his like again. He achieved Emerson's definition of a great man "he is great who is what he is from nature, and who never reminds us of others."

DEATH OF DR. JOSEPH J. BROWN.—The announcement is made of the death of Dr. Joseph J. Brown, Medical Superintendent of the Fife and Kinross Asylum, Scotland. He graduated with honors at the University of Edinburgh in 1871, and, after acting as house-physician in the Royal Infirmary, began the practice of psychiatric medicine at Laughton Hall Asylum. He subsequently became assistant superintendent at Morningside, and when Dr. Fraser was appointed Deputy Commissioner in Lunacy, Dr. Brown was chosen to supply the vacancy. He was known as an able and indefatigable worker in his favorite field, and has enriched the literature of insanity by several contributions of more than usual interest.

DEATH OF DR. FREDERICK W. A. SKAE.—We regret to have to record the untimely death of Dr. F. W. A. Skae, the well-known Inspector of Asylums for New Zealand. He was one of those able physicians who, receiving their special training at the Morningside Asylum, continue in after life to labor with the zeal and devotion to work which are instilled and fostered in that institution. After assisting his father, the late Dr. David Skae, at Morningside, he was appointed Superintendent of the District Asylum for Sterling, Linlithgow and Dunbartonshire, in 1869. He was appointed Inspector of Asylums for New Zealand in 1876, a position which he filled till the time of his death. Dr. Skae was in his thirty-ninth year, and the cause of his death was erysipelas.

SUMMARY.

RESIGNATION OF DR. CLOUSTON.—At the last meeting of the Medico-Psychological Association, Dr. Clouston, of Morningside, tendered his resignation as one of the editors of the *Journal of Mental Science*, a post which he had held, with great acceptance, for nine years. He said that if there was one thing more than another connected with the editorship of the *Journal* which he did not regret, it was that he had been the means of establishing the department "Notes of Cases."

The meeting unanimously resolved, "That a vote of thanks be accorded to Dr. Clouston for the most able manner in which he had discharged the duties of editor of the *Journal*, together with an expression of regret at his resignation."

No appointment was made in Dr. Clouston's place. The editorship continues under Drs. D. Hack Tuke and George H. Savage, his former associates.

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